

Appendix F: Sample Acute-Onset, Severe Hypertension and Eclampsia Medication Kit

Each institution should prepare its own medication kit specific to its protocols.

Dose guidelines for acute-onset, severe hypertension

Medication	Dosage
Labetalol IV 100 mg/20 mL vial	Initial: 20 mg (4 mL) IV bolus followed by 40 mg (8 mL) IV if not effective within 10 minutes; followed by 80 mg (16 mL) IV if not effective within 10 minutes
Hydralazine IV 20 mg/mL vial	Initial: 5-10 mg (0.25-0.5 mL) IV bolus followed by 10 mg (0.5 mL) IV if not effective within 20 minutes
Nifedipine 10 mg immediate release tablets	10 mg PO , followed by 20 mg PO if not effective within 20 minutes; followed by another 20 mg PO if not effective within 20 minutes
Magnesium 20 g/500 mL bag	Initial (Loading Dose): 4-6 gm (100 mL–150 mL) IV over 20 minutes (BMI > 35 requires a 6 gram loading dose and 2 gm per hour maintenance) Maintenance Dose: 1-2 g/hr (25 mL/hr–50 mL/hr) continuous IV infusion
	<i>See Appendix E: Acute Treatment Algorithm on page 195 for further detail</i>
Esmolol 100 mg/10 mL vial (Anesthesiologists or intensivists ONLY)	1-2 mg/kg (0.1-0.2 mL/kg) IV over 1 minute
Propofol 10 mg/mL, 20 mL vial (Anesthesiologists or intensivists ONLY)	30-40 mg (3-4 mL) IV bolus
Calcium Gluconate 1000 mg/10 mL vial	1000 mg/10 mL IV over 2-5 minutes

Adapted and used with written permission from Lucile Packard Children's Hospital, Stanford, Gillian Abir, MBChB, and Shabnam Gaskari, PharmD, BCPPS, 2020