

**Drug:** LABETALOL (Normodyne, Trandate)

**Indication:** Severe hypertension and hypertensive emergencies.

<b>Suggested Regimen:</b>	<b>Initial dose</b>	<b>Maintenance dose</b>	<b>Titration dose</b>
	10 to 20 mg IV push over 1 to 2 min. May repeat with injections of 40 to 80 mg at 10 minute intervals until desired BP is achieved, or may be diluted and given as a continuous infusion. <i>Do not exceed a total dose of 300 mg.</i>	2 to 8 mg/min by continuous IV infusion	1 mg/min q 10 min

**Precautions:** Keep patient supine. Contraindicated in patients with asthma, cardiogenic shock, sinus bradycardia, severe heart failure or greater than first-degree heart block. May mask hypoglycemia. Avoid abrupt withdrawal.

**Monitor:** BP (hypotension), respiratory status, HR (bradycardia). Labetalol should not be administered within 2 hrs of a Ca<sup>++</sup> channel blocker.

<b>Mixing info:</b>	Add 200 mg of Labetalol 5 mg/ml inj. ( = 2 x 20 ml vials) to 150 ml D <sub>5</sub> W or NS	
	Concentration = 1 mg/ml	
<b>Administration:</b>	<b>Dose (mg/min)</b>	<b>Rate (ml/hr)</b>
	2	120
	3	180
	4	240
	5	300

\* due to 10 ml overfill per bag, volume of the final solution = 200 ml

*These guidelines serve to give dosage ranges and rates of administration. All clinicians are expected to be thoroughly familiar with the drugs mentioned herein.*



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