Shared health Soins communs Manitoba	M23.1 - LABETALOL *(TRANDATE)*	
	Version date: 2025-02-12	Effective date: 2025-04-30 (07:00)
ERS HIGH ALERT MEDICATION (A03)		

INDICATIONS

- Acute ischemic stroke - blood pressure (BP) management prior to reperfusion therapy (table A)
- Severe hypertension in pregnancy (table A) [2]
- Hypertensive emergency including acute aortic syndrome, subarachnoid hemorrhage, and intracerebral hemorrhage (table C)

WARNINGS

ABSOLUTE CONTRAINDICATIONS:

- Hypersensitivity to labetalol
- Sinus bradycardia
- Sick sinus syndrome
- Second or third degree heart block
- Hypotension or compensated hypoperfusion
- Decompensated heart failure
- Cardiogenic shock
- Cocaine overdose

USE WITH CAUTION:

- Asthma / chronic obstructive pulmonary disease
- First degree heart block
- Recent administration of verapamil or diltiazem
- Compensated heart failure
- Myasthenia gravis

TABLE A - ACUTE ISCHEMIC STROKE

INTRAVENOUS	ACP

ADULTS:

- Administer 10 to 20 mg by slow push over 1 to 2 minutes
- Repeat once as required
- Reduce the BP to 185/110 mmHg or lower [1]

TABLE B - SEVERE HYPERTENSION IN PREGNANCY	
INTRAVENOUS INJECTION	ACP
ADULTS / ADOLESCENTS: • Administer 20 mg by slow push over 1 to 2 minutes • Repeat 20 to 40 mg every 10 to 30 minutes (cumulative maximum = 300 mg) • If the time to medical care will be delayed, consider establishing a continuous infusion • Reduce the BP to approximately 140/90 mmHg [2]	
INTRAVENOUS INFUSION	ACP
ADULTS / ADOLESCENTS: • Administer a loading dose of 20 mg by slow push over 1 to 2 minutes(this can be omitted if intermittent dosing was used prior to the infusion) • Begin the infusion at 0.5 mg/min and slowly titrate (maximum infusion rate = 2 mg/min) • Reduce the BP to approximately 140/90 mmHg [2]	

TABLE C - HYPERTENSIVE EMERGENCY [3]	
INTRAVENOUS (INTRAOSSEOUS) INJECTION	ACP
ADULTS: • Administer 20 mg by slow push over 1 to 2 minutes • Repeat 20 to 40 mg every 10 to 30 minutes as required (cumulative maximum dose = 300 mg) • If the time to medical care will be delayed, consider establishing a continuous infusion • Limit the reduction in the mean arterial pressure (MAP) to 10 to 20 percent over the first hour, excluding acute aortic syndromes where the target SBP is 80 to 90 mmHg [4]	
INTRAVENOUS (INTRAOSSEOUS) INFUSION	ACP
ADULTS: • Administer a loading dose of 20 mg by slow push over 1 to 2 minutes (this can be omitted if intermittent dosing was used prior to the infusion) • Begin a continuous infusion at 0.5 mg/min and slowly titrate (maximum infusion rate = 2 mg/min) • Limit the reduction in the mean arterial pressure (MAP) to 10 to 20 percent over the first hour, excluding acute aortic syndromes where the target SBP is 80 to 90 mmHg	

NOTES

1. Overly aggressive blood pressure (BP) reduction in acute ischemic stroke can reduce blood flow in the surrounding ischemic penumbra, but severe hypertension can contraindicate intravenous fibrinolytic therapy.
2. Overly aggressive BP reduction may result in reduced uteroplacental blood flow.

3. Hypertensive emergencies include intracerebral hemorrhage, subarachnoid hemorrhage, acute decompensated heart failure, acute cardiogenic pulmonary edema, and hypertensive encephalopathy. Overly aggressive BP reduction may result in myocardial or cerebral ischemia.
4. Acute aortic syndromes such as aortic dissection or rupture aortic aneurysm require more aggressive BP reduction.

LINKS
• A03 - High Alert Medications • D09 - Preeclampsia / Eclampsia • E06 - Abdominal Aortic Aneurysm • E12 - Hypertensive Emergency

APPROVED BY	
	
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VERSION CHANGES (refer to X08 for change tracking)
• New