LABETALOL [NORMODYNE]

DRUG CLASSIFICATION	Selective Alpha-1 Adrenergic Antagonist Non-selective Beta-1 & Beta-2 Adrenergic Antagonist Antihypertensive Agent
MECHANISM OF ACTION	Non-selectively antagonizes beta-adrenergic receptors, and selectively antagonizes alpha-1-adrenergic receptors. Following intravenous administration, labetalol has nearly 7 times the beta-blocking ability than alpha-blocking ability. Antagonism of alpha-1-adrenergic receptors leads to vasodilation and decreased vascular resistance, decreasing BP which, is most pronounced while standing. Antagonism of beta-1-adrenergic receptors leads to a slight decrease in heart rate. Antagonism of beta-2-adrenergic receptors leads to some of the side effects of labetalol such as bronchospasms. Labetalol leads to sustained vasodilation over the long term without a significant decrease in cardiac output or stroke volume, and a minimal decrease in heart rate.
CLINICAL INDICATIONS	Hypertensive Stroke Patient (SBP ≥ 180 mmHg and/or DBP ≥ 105 mmHg) WITH Preexisting Infusion Initiated by Transferring Facility Hypertensive Stroke Patient (SBP ≥ 180 mmHg and/or DBP ≥ 105 mmHg) WITHOUT Preexisting Infusion Initiated by Transferring Facility.
STANDARD CONTRAINDICATIONS	Hypersensitivity to Labetalol or Other Relative Components Present Systolic BP < 180 mmHg or Diastolic BP < 105 mmHg Known or Suspected Cardiogenic Shock or Uncompensated Heart Failure Known or Suspected Bronchial Asthma or History of Obstructive Airway Disease Known or Suspected Severe Bradycardia / Second- or Third-Degree AV Heart Block Known or Suspected Conditions Associated with Severe and / or Prolonged Hypotension
POTENTIAL ADVERSE EFFECTS	Orthostatic Hypotension **/** Dizziness **/** Nausea **/** Paresthesia **/** Headache **/** Diaphoresis
GENERAL RISKS & PRECAUTION	**1)** Hypotension and bradycardia have been reported, especially with high-dose IV administration. **2)** Patient should remain supine during and for up to 3 hours after IV administration due to high probability of orthostatic hypotension. **3)** Use extreme caution with IV therapy for patients with nonallergic bronchospastic disease, including chronic bronchitis and emphysema. **4)** Use caution in patients with well compensated CHF due to risk of myocardial contractility depression and worsening heart failure. **5)** Use caution in patients with diabetes mellitus, especially labile diabetes, due to possible masked signs and symptoms of hypoglycemia **6)** Use caution in patients with hepatic impairment due to high probability that drug metabolism may be decreased.
PROTOCOL INDEX	Stroke: Activase / t-PA (AM-6)

MEDICATION ADMINISTRATION

ADULT

Suspected Stroke: Activase / t-PA; (SBP ≥ 180 mmHg / DBP ≥ 105 mmHg) WITHOUT Antihypertensive Infusion Previously Initiated by Hospital

- 10 mg [IV/IO]
- Contact Medical Control or Receiving Facility

Suspected Stroke: Activase / t-PA; (SBP ≥ 180 mmHg / DBP ≥ 105 mmHg) WITH Antihypertensive Infusion Previously Initiated by Hospital

- Increase Current Labetalol Dose by 2 mg / minute [IV/IO]
- May increase dose every 10 minutes.
- Titrate: SBP < 180mmHg / DBP < 105 mmHg
- Maximum Total Dosage Increase: 8 mg / minute

PEDIATRIC

NONE LISTED