

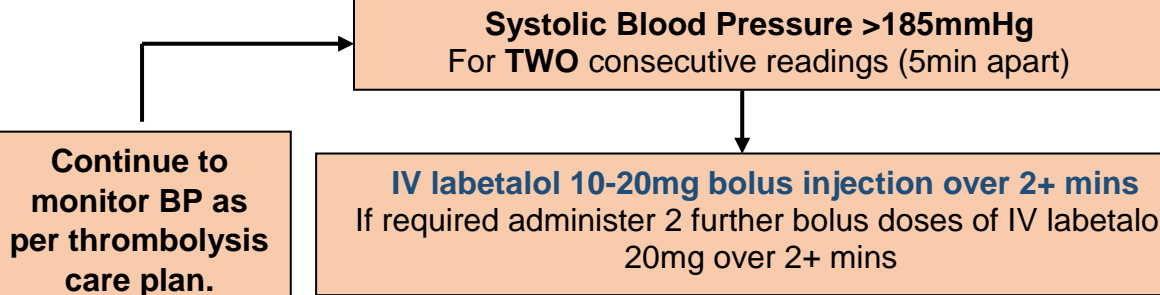
Management of Hypertension in Acute Ischaemic Stroke for Patients Receiving Thrombolysis

PRE-THROMBOLYSIS

Target BP <185/110mmHg

Contraindications to labetalol:

- Asthma
- Heart failure
- HR <60bpm
- SBP <110mmHg
- Sick sinus / 2nd / 3rd degree heart block
- Concurrent verapamil



Measure BP 5mins after labetalol bolus injection.
Maximal effect 5-10mins, duration of action 4-6 hours

YES

After 5 mins,
SBP less
than target?

NO

NO

3x boluses
already
given?

YES

BP too high for thrombolysis.
Consider starting **IV GTN infusion**
as per High Risk Infusion Chart

DURING/POST THROMBOLYSIS

Patient with new onset acute hypertension:

BP >220/120mmHg (single reading) or >185/110 mmHg (two readings 5 minutes apart)

Notify medical staff to review patient immediately and follow above algorithm

- Record vital signs and neurological observations every 15 minutes until patient stabilises
- Monitor patient as per thrombolysis care plan
- If any signs of ICH present follow ICH guideline

Target BP <185/110mmHg. When target BP achieved:

- Continue to monitor patients as per thrombolysis care plans
- Follow acute stroke protocol for [secondary prevention](#) (see main guideline)