

L & D/OB-GYN - Unit Practice Manual
John Dempsey Hospital-Department of Nursing
The University of Connecticut Health Center

PROTOCOL FOR: Hydralazine: Care of the Patient Receiving a Hydralazine, IV Push or as an Infusion for Hypertension Management

PURPOSE: To delineate nursing responsibilities during the administration of Hydralazine for management of hypertension in the antepartum patient.

SUPPORTIVE DATA: Hydralazine is a rapid-acting anti-hypertensive medication that lowers blood pressure by exerting a peripheral vasodilating effect through a direct relaxation of vascular smooth muscle. The peripheral vasodilating effect of hydralazine results in decreased arterial blood pressure (diastolic more than systolic), decreased peripheral vascular resistance, and an increased heart rate, stroke volume, and cardiac output. Hydralazine also maintains or increases renal and cerebral blood flow. The average maximal decrease in blood pressure occurs 10-80 minutes after administration of parenteral hydralazine. Because of the potential for rapid and marked decreases in blood pressure, the nurse: patient ratio should be 1:1 for the patient receiving a hydralazine infusion.

DESIRED PATIENT

- OUTCOMES:
1. The patient and fetus will show minimal or no adverse effects as a result of hydralazine therapy.
 2. The patient's blood pressure will be maintained within acceptable parameters.

ASSOCIATED

STANDARDS: OB-GYN/L&D Unit Practice Manual:
Protocol for: Hypertensive Disorders of Pregnancy: Care of Pregnant Patient
Protocol for: Magnesium Sulfate: Care of the Patient
Teaching Plan for: Hypertensive Disorders of Pregnancy:

- PATIENT CARE:
1. Pregnant patients will be placed on an external fetal monitor prior to administration of hydralazine. External fetal monitoring will be continuous throughout hydralazine administration or until delivery.
 2. Hydralazine may be given as a bolus using direct IV push, as ordered by the physician. A continuous hydralazine infusion shall be administered via an infusion pump and piggybacked into main IV.
 3. Blood pressure and pulse will be taken every 5 minutes during IV push bolus or the loading dose method using the infusion pump (see procedure for Hydralazine infusion).

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4. Blood pressure and pulse will be checked every 30 minutes during the Hydralazine maintenance infusion.
5. Discontinue medication for symptoms of adverse reaction to hydralazine (see Reportable Conditions).

PATIENT TEACHING: Explain to patient the necessity for using hydralazine and its side effects. Explain how hydralazine is given and measures that will be taken should complications develop.

DOCUMENTATION: Document assessment findings and interventions on the unit flowsheets, MAR and Infusion Record.

REPORTABLE

CONDITIONS: Notify physician immediately of the following symptoms:

- 1.nausea
- 2.vomiting
- 3.headache
- 4.tachycardia
- 5.hypotension
- 6.syncope
- 7.fetal bradycardia
- 8.no decrease in blood pressure

REFERENCES: Guidelines for Obstetrical Care, University of Connecticut Regional Network, Perinatal Program, 1988.
L&D Standards Committee
Nursing Standards Committee

CREDENTIALS: RN, MD

EFFECTIVE DATE: 10/82

REVISION DATES: 10/86, 3/90, 1/94