

Patient addressograph

Allergy status:

CLINICAL GUIDELINES ID TAG	
Title:	LABETALOL PROTOCOL
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Speciality / Division:	MEDICINE
Directorate:	CARDIOLOGY
Date Uploaded:	5 TH AUGUST 2020
Review Date	Initial: 3 RD AUGUST 2023 Extended: 1 ST JAN 2027
Clinical Guideline ID	CG0719[1]

Patient addressograph

Allergy status:

Labetalol protocol

Presentation:

- Ampoules containing Labetalol 100mg in 20mls solution for injection (equivalent to 5mg / ml)

Prescription:

- Indicate on Kardex that Labetalol is being used.

Method of administration:

- Preferably administer via a central line
- If central access is unavailable then consider risks / benefits of peripheral administration (via large peripheral vein). Monitor for signs of extravasation
- Initial bolus usually only required in malignant hypertension / intracranial bleed emergency
- For Type B aortic dissections please use maintenance infusion

Maintenance infusion:

Remove 90mls from 250ml of 5% Dextrose
Add 40mls (200mg) Labetalol to give total volume 200mls (=1mg / ml)

- Standard starting rate of labetalol infusion:
1mg / min = 60mg / hr = 60mls / hr
- Maximum dose 2mg / min = 120mg / hr = 120mls / hr (rarely required)

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Allergy status:

Notes:

- Ensure full monitoring during infusion including ECG monitoring
- If bradycardia then consider using GTN infusion
- Observe for orthostatic hypotension
- Patient should remain lying down for at least 3 hours after administration
- Monitor blood pressure and pulse regularly (baseline, 10mins, 20mins, 30mins and 60 minutes)
- If rate of infusion is adjusted then observations must start from baseline
- If infusion rate is unchanged for over one hour (i.e. 3 previous BP checks) then BP can be checked hourly thereafter
- If any concerns please contact medical staff immediately

Labetalol infusion preparation record							
Date	Drug	Total dose	Fluid	Total volume	Set up by	Time	Checked by
	Labetalol	200mg	Dextrose 5%	200mls			
	Labetalol	200mg	Dextrose 5%	200mls			
	Labetalol	200mg	Dextrose 5%	200mls			
	Labetalol	200mg	Dextrose 5%	200mls			

Flushing:

- **IV infusion via central venous access device:** Do not flush the central venous access catheter. After the infusion is stopped, disconnect the administration set, aspirate the cannula contents and then flush with sodium chloride 0.9%
- **IV infusion via peripheral cannula:** Flush the peripheral cannula with sodium chloride 0.9% at the same rate the medicine was infused to avoid adverse haemodynamic effects

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Dose adjustment according to BP:

BP	Instructions
<140mmHg	Stop infusion
140-180mmHg	Continue infusion at 60mls / hr
>180mmHg	Discuss with medical staff. Consider increasing infusion by 1mg / min to maximum of 2mg / min = 120mg / hr = 120mls / hr

Further information:

- ✓ Medusa injectable medicines guide
- ✓ SPC labetalol

Signed:

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