

Can anyone please inform me of the Standard of care regarding IVP Labetalol? We are having some discussion on whether it can be given in a non-ICU environment as long as the patient is on a heart monitor. Does anyone give it for stroke (per guidelines) in a noncritical care area? And, does anyone know where I can find nursing standards of care related to how and where it should be given? Thanks for your input and time!

Response #1

Labetalol (Normodyne®, Trandate®) Severe hypertension 2-20 mg initially, additional doses of 40-80 mg can be given at 10 min intervals until the desired BP has been reached or a total of 300 mg has been administered Given Over 2 min Undiluted
Places it can be given: ER, ICU, SJMH-PCU, SJMLH-PCU, L&D, SJMSH, Perioperative Requires cardiac monitor. Supine BP should be measured before and 5-10 min after each injection to evaluate response. Monitor HR. Onset 2-5 min Duration 2-4 hours

This are the general guidelines for the SJMH health system. Yes, we do give labetalol on Progressive care units if they are on telemetry for stroke and other patients. If the patient requires frequent dosing, we would consider an ICU and infusion or different meds.

Response #2

At Provena St Joseph Medical Center in Joliet we do give labetalol on our Stroke floor. Our guideline is that it can be given to treat specific blood pressures, only 2 doses total can be given IV (with a cardiac monitor) and notification of the neurologist. If the patient requires a drip or more constant monitoring the patient is transferred to the ICU. For the most part we do not like to keep a patient who's condition is unstable or is changing in an situation where they would require more intense monitoring that what is available on the stroke floor.

Response #3

We are currently using IV labetalol as a continuation of therapy for patients that have been admitted both for surgery or stroke and need it continued, and are either NPO or have dysphasia. The pharmacy does the conversion from the home medication reconciliation sheet and then we are a surgical/stroke step down unit and are trained in cardiac monitoring, but are not a critical care unit. We follow a lmg/min administration protocol and also have patients on telemetry. I have also just sent all the RN's through an advanced ECG class and expect the Team Leaders to complete ACLS by year end 2008.
Thanks, Liz

Response #4

We use it in our step-down unit all the time---it does not require an ICU setting.