



ADULT MEDICATION GUIDELINE

Labetalol Injection

Scope (Staff): All WNHS Staff

Scope (Area): Obstetrics and Gynaecology

This document should be read in conjunction with the **Disclaimer**.

Quick Links

<u>Dose</u> <u>Administration</u> <u>Monitoring</u> <u>Pregnancy and</u> Breastfeeding

Restrictions

Formulary: Restricted

HIGH RISK Medication 1

Medication Class

Beta blocker

Presentation

Ampoule: 50mg/10mL

Storage

Store at room temperature, below 25°C

Ampoule: Protect from light.

Infusion solution: Discard after 6 hours if kept below 25 °C or after 24 hours if kept between 2 to

8 °C. Do not freeze.

Dose

Acute treatment of severe hypertension in pregnancy

IV injection: 20mg labetalol (4mL) undiluted over 2 minutes. Dose can be repeated every 10 minutes (titrated to blood pressure) to a maximum of 4 doses of 20mg (80mg = 16mL).

If 2 bolus doses are insufficient to control blood pressure, consider IV therapy via infusion.

The maximal effect usually occurs within 5 minutes of each dose.

IV infusion: See below

Maximum total 24 hours dose is 300mg (injection plus infusion)

Administration

IV injection

Inject undiluted solution slowly over 2 mins.

IV infusion

Step 1 Dilution:

Withdraw 40mL sodium chloride 0.9% from a 100mL bag of sodium chloride 0.9%. Draw up 200mg labetalol (40 mL) and add to remaining 60 mL in the bag of sodium chloride 0.9%. Final concentration is 2 mg/mL.

Step 2 Administration:

Start infusion pump at 10 mL/hour (20 mg/hour). Titrate to stabilise blood pressure by adjusting (doubling, maintaining or halving) the infusion as required every 15 to 30 minutes to a maximum dose of 80 mL/hour (160 mg/hour).

Discontinue by weaning over 1-2 hours when clinically appropriate.

Monitoring

Blood pressure and heart rate should be monitored during and every 15-30 mins following IV administration until stabilised, then record hourly as clinically appropriate.

Patients should always be kept in a supine position during and for up to 3 hours post IV administration due to potential orthostatic hypotension

Pregnancy

1st Trimester: Considered safe to use
2nd Trimester: Monitoring required
3rd Trimester: Monitoring required

Breastfeeding

Considered safe to use

Related Policies, Procedures & Guidelines

WNHS Clinical Practice Guidelines:

Hypertension in pregnancy: Medical management

Hypertension in pregnancy – midwifery care

WNHS Pharmaceutical and Medicines Management Guidelines:

Medication Administration

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	Std 2: Partnering with Consumers			Std 6: Communicating for Safety		
	Std 3: Preventing and Controlling Healthcare Associated Infection			Std 7: Blood Management		
	Std 4: Medication Safety			Std 8: Recognising and Responding to Acute Deterioration		
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