REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
labetalol

HIGH ALERT DOUBLE CHECK

Effective Date: Dec 2011 **Revised Date:** Dec 2022	CLASSIFICATION **Antihypertensive**	OTHER NAMES **Trandate**	PAGE 1 of 2

ADMINISTRATION POLICY:
IV Infusion – May be administered by a nurse
IV Bolus – May be administered by a nurse
IM Injection – *Not to be administered*

RECONSTITUTION/DILUTION/ADMINISTRATION:
Available as: 5 mg/mL – 20 mL multidose vial

IV Bolus: Administer undiluted over 2 to 3 minutes

IV Infusion: Pump Library:

Drug Library	**Dose Rate**	**Short Name**	**Care Unit**
Yes	mg/min	labe300	General & Critical Care
Drug	**Diluent**	**Final Volume (VTBI)**	**Final Concentration**
300 mg (60 mL of 5 mg/mL)	250 mL NS	310 mL	0.968 mg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 0.5 mg/min	Soft High Dose Limit: 2 mg/min		

DOSAGE:
IV Bolus: 5 to 20 mg initially, followed by 10 to 80 mg at 10-minute intervals until desired blood pressure achieved or total of 300 mg has been given

IV Infusion: 0.5 to 2 mg/minute (30 to 120 mg/hour), may increase by 1 mg every 15 minutes

Severe pregnancy induced hypertension: 20 mg IV initially, then 20 to 80 mg IV every 30 minutes.
For obstetrical monitoring continuous observation with frequent blood pressure and pulse checks every 3 to 5 minutes. Once target BP is achieved, monitor every 10 minutes for the first hour, then every 15 minutes for 1 hour, then every 30 minutes for 1 hour, then every hour for 4 hours. Cardiac monitoring recommended, but not required. Cardiac monitoring required for high risk patients.

Maximum single dose: 80 mg
Maximum daily dose: 300 mg

Maximum rate : IV bolus: over 2 minutes
IV infusion: 10 mg/minute

Maximum concentration: 5mg/mL

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STABILITY/COMPATIBILITY:

Stability of multidose vial: 28 days at room temperature
Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with normal saline, D5W, combination dextrose-saline solutions, Lactated Ringer

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Contraindications: uncontrolled CHF, 2nd or 3rd degree block, sinus bradycardia, cardiogenic shock, states of hypoperfusion
- Cerebral hypoperfusion, likely due to rapid blood pressure reduction (signs: confusion, decreased LOC, headache, blurred vision, sweating)
- Worsen bronchospastic disease in patients with history of asthma/COPD
- Hypotension/ventricular arrhythmias
- Nausea/vomiting
- Bradycardia
- Paresthesias (especially "scalp tingling")

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- For continuous infusions and non-obstetrical indications: Cardiac monitoring required.
- Monitor blood pressure before and at 5-minute intervals after each injection (maximal blood pressure decrease occurs in 5 to 15 minutes)
- Monitor for changes in level of consciousness, breathing or EKG changes (ischemic changes)
- Patient should be kept supine during IV administration and up to 3 hours post infusion
- May mask common signs of shock and hypoglycemia
- Overdose may respond to IV glucagon atropine, epinephrine or pacing
- Elderly patients: Lower doses may be required