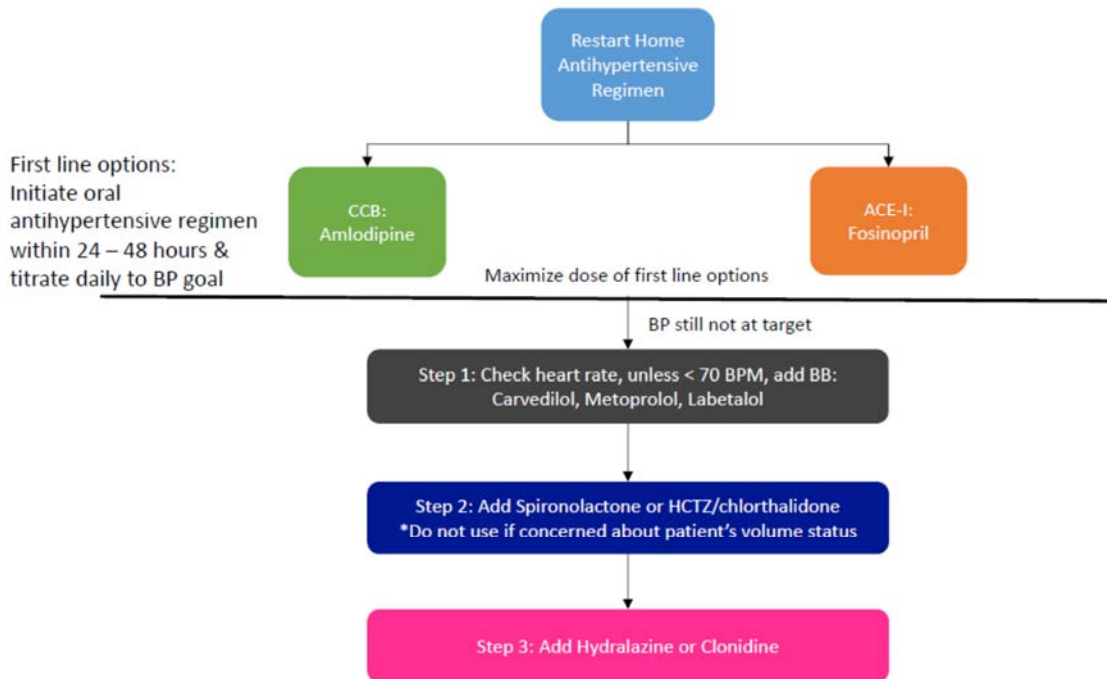


## Clinical Practice Guideline for BP goals in Stroke

Ischemic Non-TPA <sup>1</sup>	Ischemic TPA <sup>1</sup>	IPH <sup>3</sup>	SAH <sup>2</sup>
BP < 220/110	BP < 180/105	BP < 160/90	<b>Unsecured Aneurysm or AVM</b> BP <140/90  <b>Secured Aneurysm</b> BP <180/90

### NSICU Clinical Practice Guidelines for the Management of Hypertension



1. Carey RM et al. Resistant Hypertension: Detection, Evaluation, and Management. American Heart Association. 2018

[cited 2020 June 12]. Available from: <https://www.ahajournals.org/journal/hyp>

2. Zhu Zhu et al. Early Initiation of Oral Antihypertensives Reduces Intensive Care Unit Stay and Hospital Cost for Patients with Hypertensive Intracerebral Hemorrhage. Neurocrit Care. 2020 Jun;32(3):707-714

## Clinical Practice Guideline for BP goals in Stroke

Drug	Drug Class	Initial Dose	Max Dose	Contraindications	Comments
Amlodipine	CCB	2.5-5 mg once daily	10 mg once daily		24-48 hours for onset of action
Fosinopril	ACE-I	10 mg once daily	40 mg once daily	Hold for AKI	Monitor Scr, K <sup>+</sup>
Losartan	ARB	25-50 mg once daily	100 mg once daily	Hold for AKI	Monitor Scr, K <sup>+</sup>
HCTZ	Thiazide Diuretic	12.5-25 mg once daily	50 mg once daily	CrCl < 30 mL/min	Caution in SAH; Monitor for hyponatremia
Chlorthalidone	Thiazide Diuretic	12.5-25 mg once daily	25 mg once daily	CrCl < 10 mL/min	
Spirolactone	Aldosterone Antagonist	25 mg once daily	100 mg once daily	K <sup>+</sup> ≥ 5; SCr of > 2 for women and SCr > 2.5 for men or GFR < 30 mL/min/1.73m <sup>2</sup>	Caution in SAH; Monitor Scr, K <sup>+</sup>
Carvedilol	BB	6.25 mg BID	25 mg BID	Heart block 2 <sup>nd</sup> or 3 <sup>rd</sup> degree without implanted pacemaker; Uncompensated cardiac failure	Switching IV and PO: 2.5:1 (Oral:IV) ratio; Do NOT crush ER formulation
Metoprolol	BB	IR (tartrate): 50 mg BID ER (succinate): 25-100 mg once daily	IR (tartrate): 200 mg BID ER (succinate): 400 mg once daily		
Labetalol	BB	100 mg BID	400 mg BID		
Hydralazine	Alpha-1 blocker	10 mg QID	300 mg/day	CAD, Mitral valve rheumatic heart disease	Consider combining with BB to prevent reflex tachycardia, Avoid with elevated ICPs
Clonidine	Alpha-2 Agonist	0.1 mg BID	0.6 mg BID		