

ADULT Medication Monograph

HYDRALAZINE

This document should be read in conjunction with this **DISCLAIMER**

Formulary: Unrestricted

Antihypertensive				
Ampoule: 20mg				
Tablet: 25mg				
Store at room temperature, below 25°C				
Do not freeze. Protect from light.				
Acute treatment of severe hypertension (third line) IV/IM injection:				
				Initially 5-10mg (5mg if fetal compromise); 5 - 10mg may be repeated after 20 to 30 minutes if desired BP is not obtained; further doses are dependent on BP response
IV infusion:				
Initially 200 – 300microg/minute, reducing rate when adequate response achieved. Maintenance: 50 - 150microg/minute				
Ongoing treatment of hypertension (second line)				
Oral:				
Initially 25mg twice a day. Titrate slowly according to response. Maintenance 50 - 200mg in daily divided doses.				
Refer to the <u>Australian Injectable Drugs Handbook</u>				
IM Injection:				
Step 1 Reconstitution: Reconstitute vial with 1mL Water for Injections.				
Step 2 Administration: Inject into the muscle. Onset is 10 to 30 minutes.				
IV Injection:				
Step 1 Reconstitution: Reconstitute as above.				

	Ston 2 Dilution: Dilute the does to 10ml, with addium obleride 0.00/				
	Step 2 Dilution: Dilute the dose to 10mL with sodium chloride 0.9%. Step 3 Administration: Inject SLOWLY over 3 to 5 minutes. Onset is 5 to 20minutes. Repeat every 20 to 30 minutes as required.				
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	<u>IV Infusion</u> :				
	Step 1 Reconstitution: Reconstitute with 1mL Water For Injections.				
	Step 2 Dilution:				
	Option A (if using infusion pump): Dilute 1 ampoule in 500 mL of sodium chloride 0.9% to make a concentration of 40 microgram/mL and infuse using an infusion pump.				
	Option B (fluid restricted patients): Dilute one ampoule in 100–250 mL of sodium chloride 0.9%.				
	Option C (if using syringe pump): Dilute 2 ampoules to 40 mL with sodium chloride 0.9% to make a concentration of 1 mg/mL.				
	Step 3 Administration: Infuse at prescribed rate. Start the infusion at a rate of 200–300 microgram/minute and reduce the rate when an adequate response has been achieved. See KEMH Clinical Guidelines.				
	Oral				
	Oral: Take with or without food.				
Pregnancy	1 st Trimester: Monitoring required				
	2 nd Trimester: Monitoring required				
	3 rd Trimester: Monitoring required				
	For more information, please contact KEMH Obstetric Medicines Information Service.				
Breastfeeding	Considered safe to use				
Monitoring	Severe hypertension defined as SBP ≥170 and/or DBP ≥110mmHg.				
	Continuous monitoring of BP and HR and continuous fetal monitoring is necessary.				
	Injection is given slowly to avoid precipitous decrease in mean arterial pressure (MAP).				
	If more than 100mg daily dose is needed, the patient's acetylator status should be evaluated as it may provoke an SLE-like syndrome.				

Clinical Guidelines and Policies

KEMH Clinical Guidelines:

<u>Hypertension in Pregnancy - Medical Management</u>

<u>Hypertension in Pregnancy - Midwifery Care</u>

Hypertension in Pregnancy: Magnesium Anticonvulsant Therapy

KEMH Pharmaceutical & Medicines Management Guidelines:

KEMH Pharmaceutical & Medicines Management Guideline: Medication Administration

References

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Australian Medicines Handbook. Hydralazine. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2019 [cited 2020 Mar 28]. Available from: https://amhonline.amh.net.au/

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For any enquiries relating to this guideline, please email $\underline{\text{KEMH.PharmacyAdmin@health.wa.gov.au}}$

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