This protocol is intended for the patient experiencing an isolated hypertensive emergency. If a patient is experiencing difficulty breathing and/or has a history of asthma, emphysema, chronic bronchitis, congestive heart failure/pulmonary edema, symptomatic bradycardia, heart blocks > 1st degree, cardiogenic shock or has taken cocaine or amphetamines, DO NOT administer Labetalol HCl.

Adult Care

BLS

1. Initial Assessment/Care **Protocol 1**.

2. Keep the patient in a Semi-Fowler's (reclined) position.

3. If signs or symptoms of Stroke (CVA)/Brain Attack are present, refer to Brain Attack **Protocol 13**.

ALS

4. Establish IV access **Procedure 13**.

5. If the blood pressure is **≥ 200 systolic and/or ≥ 110 diastolic** AND the patient is exhibiting signs/symptoms of an acute hypertensive emergency such as a headache, nosebleed, dizziness, blurred vision:

   a) Administer **Labetalol Hydrochloride 10 mg slow IV over two minutes Medication 19.**

   b) If the BP remains **> 200/110** as defined above after five minutes of administration (regardless of presence or absence of symptoms), administer **Labetalol Hydrochloride 10 mg slow IV over two minutes.**

6. If the blood pressure is **≥ 200 systolic and/or ≥ 110 diastolic** without signs/symptoms of an acute hypertensive emergency, the patient will be transported ALS without Labetalol administration.

MCP

7. Additional dose of Labetalol Hydrochloride if necessary.

8. Pediatric Care.