



## ADULT MEDICATION GUIDELINE

# Hydralazine

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| <b>Scope (Staff):</b> | All WNHS Staff             |
| <b>Scope (Area):</b>  | Obstetrics and Gynaecology |

This document should be read in conjunction with the [Disclaimer](#).

### Quick Links

[Dose](#)

[Administration](#)

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[Pregnancy and Breastfeeding](#)

### Restrictions

[Formulary: Unrestricted](#)

### Medication Class

Antihypertensive

### Presentation

**Ampoule (powder for reconstitution):** 20mg

**Tablet:** 25mg

### Storage

**Ampoule, Tablet:** Store at room temperature, below 25°C. Do not freeze. Protect from light.

**Reconstituted and diluted solution:** should be commenced as soon as possible after preparation in order to reduce microbiological hazards. Stable for 24 hours at 2-8 °C.

Note: Preparations not used within 24 hours of reconstitution should be discarded. Each ampoule is intended for single use in one patient only. Discard any unused portion.

### Dose

#### Acute treatment of severe hypertension (third line)

**IV/IM injection:**

Initially 5-10 mg (*5 mg if fetal compromise*); 5 – 10 mg may be repeated after 20 to 30

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minutes if desired BP is not obtained; further doses are dependent on BP response.

#### **IV Continuous Infusion:**

Initially 200 – 300 microg/minute, reducing rate when adequate response achieved.  
Maintenance flow rate: 50 – 150 microg/minute.

#### **Ongoing treatment of hypertension (second line)**

##### **Oral:**

12.5-50 mg three times a day.

## **Administration**

Refer to the [Australian Injectable Drugs Handbook](#)

#### **IM Injection**

**Step 1 Reconstitution:** Reconstitute ampoule 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.

**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 20 minutes.  
Repeat every 20 to 30 minutes as required.

#### **IV Infusion:**

**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.

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**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.

**Note:**

Glucose infusion solutions are not compatible because contact between hydralazine and glucose causes the active substance to be rapidly broken down.

**Oral:**

Take with or without food.

## Monitoring

Severe hypertension defined as SBP  $\geq$ 170 and/or DBP  $\geq$ 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.

## Pregnancy

**1<sup>st</sup> Trimester:** Monitoring required

**2<sup>nd</sup> Trimester:** Monitoring required

**3<sup>rd</sup> Trimester:** Monitoring required

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

## Breastfeeding

Considered safe to use.

## Related Policies, Procedures & Guidelines

**WNHS Clinical Practice Guidelines:**

[Hypertension in Pregnancy - Medical Management](#)

[Hypertension in Pregnancy - Midwifery Care](#)

[Hypertension in Pregnancy: Magnesium Anticonvulsant Therapy](#)

**WNHS Pharmaceutical and Medicines Management Guidelines:**

[Medication Administration](#)

**References**

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