

## FGH protocol for acute blood pressure management in spontaneous ICH

### 1 Acute treatment target and monitoring

Time since onset	Start treatment if	Lower SBP to
< 6 h	SBP > 150 mmHg	140 mmHg, within 1 h
> 6 h or unknown	SBP > 200 mmHg	180 mmHg, within 1 h

#### BP Monitoring

every 15 min for 1 h  
then hourly up to 24 h

*If BP above threshold  
for treatment repeat  
after 2 min before pro-  
ceeding to step 2*

### Considering contraindications, decide which antihypertensive to use

#### 2a IV GTN

1. Start GTN (1 mg/ml) at 1.5 ml/h
2. Increase rate by 1.0 ml/h every 5 min until target achieved
3. Once target reached continue infusion and check BP as per protocol
4. If BP falls to < 130 mmHg, stop GTN infusion
5. Restart if SBP > target in first 24 h, initially at 1.5 ml/h
6. Titrate by 0.5-1.0 ml/h to keep SBP around 130-140 mmHg
7. If target reached with GTN, proceed to step 4 (Maintenance)
8. If target not achieved by 30 min, proceed to labetalol if not already given and/or contraindicated

#### BP Monitoring

check BP every 5 min

*If treatment target  
reached:*

every 5 min for 15 min  
then every 15 min for  
1h  
then hourly up to 24 h

#### 2b Labetalol

1. If HR remains > 60 bpm, repeat bolus dose every 5 min
2. 10 mg for first 2 doses, then 20 mg for 3rd dose
3. Further doses of 20-40 mg, maximum cumulative bolus dose 300 mg
4. If target reached, proceed to step 4 (Maintenance)
5. Consider labetalol infusion at 1-20 ml/h (5 mg/ml), if required
6. If target not achieved by 30 min, proceed to GTN if not already given and/or contraindicated

**Labetalol** is contraindicated in asthma, bradycardia (< 60 bpm), uncontrolled heart failure, untreated pheochromocytoma. Cau-  
tion in COPD. Avoid con-  
comitant use with vera-  
pamil and caution with dilti-  
azem or digoxin

### If target not achieved by 60 min, proceed to step 3 (Critical Care)

### 3 Critical Care—after 60 min

1. If target not achieved with GTN/labetalol, refer to critical care
2. Consider transfer to HDU/ICU for arterial line and further anti-hypertensive treatment

#### Critical Care

On call Anaesthetist  
0187

### 4 Maintenance—during rest of admission

#### Management during first 24 hours:

1. Continue/restart IV infusion if SBP above acute treatment target (as per step 1) and aim for SBP 130-140 mmHg
2. Commence enteral (oral/NGT) treatment as soon as possible

#### Management after 24 hours: Treatment target for all patients is BP < 130/80

1. Aim to wean and stop IV antihypertensives by 48-72 h
2. Use enteral (oral/NGT) treatment to achieve BP target of < 130/80 in ALL PATIENTS
3. Restart all antihypertensives taken prior to ICH and additional treatment to be added, as required

#### BP Monitoring

hourly up to 24 h  
Then every 4-6 h if pa-  
tient is stable