Hydralazine Intravenous for Adults

Who can administer

Administration RESTRICTED - see Appendix 1

Available preparations

Hydralazine 20mg powder (ampoule)

Hydralazine 20mg per 1mL vial

Reconstitution

For ampoule containing dry powder

- **Water for injection**
- 1ml per 20mg ampoule
- **Draw up using a 5 micron filter needle**
- **Dilute further prior to administration**

For vials

- **Dilute further prior to administration**

Infusion fluids

Sodium chloride 0.9%

Methods of intravenous administration

Slow intravenous injection

- Further dilute the injection solution with Sodium chloride 0.9% (add 9ml to each 20mg = 2mg/ml solution)
- Administer required dose (see below) over 3 to 5 minutes [ref 1]

Continuous intravenous infusion

- **Pre-eclampsia -** add 40mg (2ml) to 38ml infusion fluid to produce a 1mg/1ml solution [ref 1,2]
- Adjust rate according to response - see under 'dose' opposite

Dose in adults

Usual dose (hypertension)

- Initial dose: 5 to 10mg as a slow intravenous injection
- If necessary, repeat after twenty to thirty minutes
- Can also be given by continuous intravenous infusion with **an initial rate** of 0.2 to 0.3mg/minute
- Usual dose range by continuous intravenous infusion is 0.05 to 0.15mg/minute
- **Hypertensive emergency**: Some sources suggest a dose of 10 to 20mg every four to six hours as needed [ref 2]
- **Hypertensive emergency in pregnancy or postpartum:** If systolic BP or diastolic BP remains

above threshold after a total cumulative dose of 20 to 30 mg or if heart rate exceeds 100 beats per minute, another agent should be used [ref 2]

Renal or hepatic impairment

- Reduce dose if eGFR is less than 30ml/min/1.73m^2- adjust dose according to clinical response
- In patients with hepatic dysfunction, the dose or interval between doses should be adjusted according to clinical response

Monitoring

- Monitor blood pressure, heart rate
- Monitor complete blood counts and ANA titre, before and periodically during prolonged hydralazine therapy, even in asymptomatic patients

Further information

- Slow acetylators, female patients and patients receiving more than 100mg per day (chronically) are at **higher risk for SLE**
- **Incompatible with glucose** solutions [ref 1]

Storage

Store below 25^{0}C

References

SPC 10th March 2021

1:Injectable Medicines Administration Guide Medusa - downloaded 4th July 2023

2: Uptodate - downloaded 3rd July 2023

Therapeutic classification

Direct acting vasodilator antihypertensive