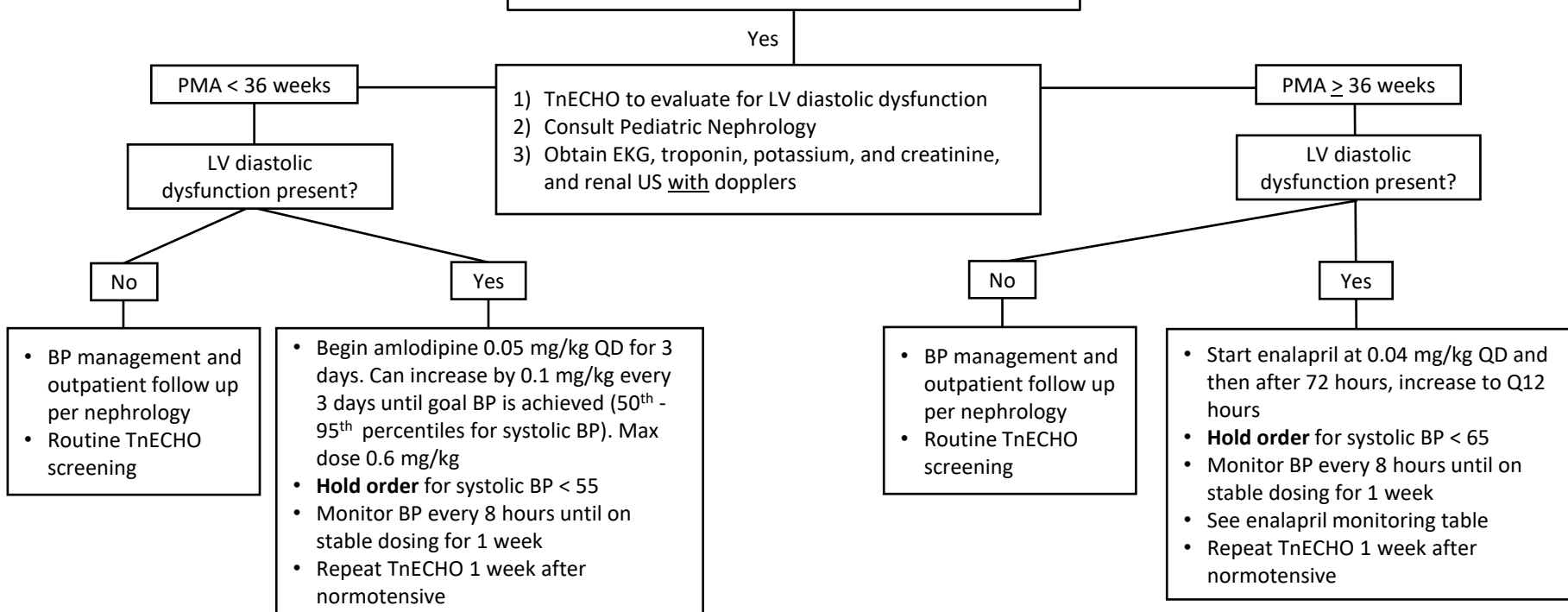


Chronic Systemic Hypertension in Neonates:

>95th percentile systolic/diastolic see BP table



Neonatal Blood Pressure Percentiles

PMA	50 th	95 th	99 th
26 weeks	55/30	72/50	77/56
28 weeks	60/38	75/50	80/54
30 weeks	65/40	80/55	85/60
32 weeks	68/40	83/55	88/60
34 weeks	70/40	85/55	90/60
36 weeks	72/50	87/65	92/65
38 weeks	77/50	92/65	97/70
40 weeks	80/50	95/65	100/70
42 weeks	85/50	98/65	102/70
44 weeks	88/50	105/68	110/73

Enalapril and BP Monitoring

- **Goal BP is between 50th - 95th percentiles for systolic BP**
- Monitor for **hypotension** when starting or increasing enalapril (see above hold orders)
- Obtain **creatinine** and **potassium** after 72 hours of QD dosing and again after 72 hours of Q12 hour dosing
- Monitor **creatinine** and **potassium** 3 and 7 days after a dose increase
- Weight adjust dose every 2 weeks while inpatient until PMA > 48 weeks, then adjust dose monthly
- Contact Pediatric Nephrology if systolic BP remains > 95th percentile after 7 days of a new dose
- Must have stable BP for one week prior to discharge
- All patients with LV diastolic dysfunction require outpatient follow up with Pediatric Nephrology and Hemodynamics for long term monitoring

References:

1. Starr et al. Neonatal hypertension: cases, causes, and clinical approach. *Pediatr Nephrol.* 2019;34(5):787-99
2. Sehgal et al. ACE inhibition for severe bronchopulmonary dysplasia - an approach based on physiology. *Physiol Rep.* 2018;6(17):e13821.