Appendix 1

**Esmolol Protocol**

*When traumatic brain injury is present the cerebral perfusion pressure will be maintained above 70 mmHg if ICP is measured*
Prior to any Metoprolol dosing confirm a SBP of > 100mmHg and a HR>55 bpm. For any reading of < 100 mmHg notify physician and hold Metoprolol. When SBP > 100mmHg resume protocol at next lower dosing schedule (if dosing was 5mg decrease to 2.5mg).
Appendix 3

Metoprolol Protocol (PO)

Goal HR maintained and patient hemodynamically normal at a stable Esmolol dose for 24 hours

Patient is tolerating enteral feeding

Administer 25mg Metoprolol PO/perNGT

Prior to any Metoprolol dosing confirm a SBP of > 100mmHg and a HR>55 bpm. For any reading of < 100 mmHg notify physician and hold Metoprolol. When SBP > 100mmHg resume protocol at next lower dosing schedule (If dosing was 25mg decrease to 12.5mg).

Six hours after dose is goal HR maintained?

YES

Administer 25mg Metoprolol PO/perNG

NO

Administer 50mg Metoprolol PO/perNG (Max dose 400mg PO/d)

Six hours after dose is goal HR maintained?

YES

Administer 75mg Metoprolol PO/perNG (Max dose 400mg PO/d)

NO

Administer 100mg Metoprolol PO/perNG (Max dose 400mg PO/d)

Six Hours after dose

YES

Administer 50mg Metoprolol PO/perNG

NO

Administer 75mg Metoprolol PO/perNG

Six Hours after dose

Administer 100mg Metoprolol PO/perNG

Six Hours after dose

Continue Metoprolol 100 mg PO/per NGT Q 6H