

# Pre-Eclampsia and Eclampsia

**Designation of Condition:** A condition of pregnancy (after 20 weeks gestation) characterized by increasing hypertension, clonus, visual disturbances, right upper quadrant pain, and edema of the lower extremities. This condition may progress to eclampsia, an active life-threatening seizure in the pregnant or post-partum patient.

<b>B</b>	ABCs, vital signs including BGL Apply cardiac monitor O <sub>2</sub> to maintain an SpO <sub>2</sub> of ≥90% <u>Capnography</u> Place patient in left lateral recumbent position to prevent supine hypotension syndrome.
<b>I</b>	Establish IV/IO If BGL < 60mg/dL: Administer 250mL <u>Dextrose 10%</u> IV/IO
<b>P</b>	Continuous cardiac monitoring.

Pre-Eclampsia	
SBP>160 and/or DBP>110  or  SBP>140 and/or DBP>90 WITH any <u>two</u> of the following symptoms: <ul style="list-style-type: none"> <li>• Headache</li> <li>• Vision Change</li> <li>• Altered Mental Status</li> <li>• Abdominal Pain</li> </ul>	
<b>P</b>	<u>Magnesium Sulfate</u> 2g IV/IO over 10 minutes

Eclampsia Actively seizing	
<b>P</b>	If seizing on EMS arrival: Administer <u>Midazolam</u> IM. Do not wait for IV/IO access.  When IV access obtained, <b>priority medication</b> is: <u>Magnesium Sulfate</u> 4g IV/IO over 10 minutes  If still seizing 3-5 minutes after completing first dose: Additional 2g <u>Magnesium Sulfate</u> IV/IO over 10 minutes.
Be prepared to actively manage the patient's airway if respiratory arrest occurs.	

### \*\*\*KEY POINTS\*\*\*

**Eclampsia can occur up to 6 weeks postpartum.**

Patient who is pregnant and seizing should be presumed to have Eclampsia. Magnesium administration should be **PRIORITY** in these patients. IM benzodiazepines may be given first due to rapidity of IM administration. If two ALS providers available, one provider administer IM benzodiazepine while the other provider establishes IV/IO access for Magnesium.

Preferred route of administration of Magnesium loading dose for eclampsia/pre-eclampsia is via IV/IO. If an IV **CANNOT** be obtained, with active seizures, Magnesium may be given IM if the appropriate concentration is available (e.g. 5g/10ml): 5g IM via multiple IM injections deep in the upper outer quadrant of the buttock, **not to exceed 2.5–3cc per injection.**