

	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.1.20 Pre-Eclampsia and Eclampsia	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Pre-Eclampsia/Eclampsia (also called toxemia of pregnancy) is a serious hypertensive disorder. Signs include: dark colored urine, excessive weight gain, and hypertension. The presence of two of these signs indicates pre-eclampsia and all three indicate eclampsia. A seizing patient in the third trimester should be assumed to be eclamptic. Eclamptic seizures can occur up to 1 week post partum. The definitive treatment for eclampsia is delivery of the child, therefore, consideration of transfer directly to a level of care with obstetric services should be considered when practical.

1. Baseline care standards.
2. Administer oxygen 15L per minute via non-rebreather mask.
3. Manage airway per protocol.
4. Establish IV of Normal Saline TKO.
5. Monitor ECG, vital signs every 5 minutes, fetal heart tones and level of consciousness.
6. If patient is seizing, administer:
 - *Magnesium Sulfate 4 gm IV. (Mixed in 50 ml of D5W given over 5 – 10 minutes) May repeat once at 2 gm IV PRN.*
 - *Magnesium Sulfate Infusion - 10 grams of magnesium sulfate (20 ml of 50% solution) in 250 ml of Normal Saline and infuse at 50 ml/hr (2 grams/hr).*
7. If patient continues seizing, administer one of the following:
 - *Diazepam 5gm IV, or 10mg PR. May repeat PRN up to 20mg max. dose.*
 - *Lorazepam 2mg IV, or 2 mg IM. May repeat once PRN for a max.dose of 4 mg.*
 - *Midazolam 2mg IV. May repeat once PRN for a max. dose of 4 mg.*
8. Check blood glucose. If blood glucose is less than 60 mg/dl, administer:
 - *D50 slow IV.*
 - *Thiamine 100mg IV.*
9. Transport the patient in left lateral recumbent position.

10. Evaluate for pulmonary edema, if present, administer:

- *Morphine 2-5 mg IV over 1-2 minutes and / or*
- *Furosemide 20-40 mg IV over 2-3 minutes.*

11. Place NG tube if appropriate.

Medical Director's Signature

Date

Disclaimer:

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