



# Eclampsia

## OB/GYN

### CRITERIA

- **Pre-eclampsia** is characterized by any gravid female who presents with:
  - Facial and/or peripheral edema and blood pressure greater than 140/90 mmHg
  - Headache
  - Abdominal pain
  - Visual disturbance
- **Eclampsia** is characterized by *seizures*

### PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact protocol.</i>	EMR
<b>Pre-Eclampsia</b>		
[I]	Administer <b>Magnesium Sulfate 4 g IV/IO</b> . If premixed, give <b>4 g IV/IO</b> over 20 minutes. If not premixed, mix <b>4 g in 100mL 0.9% Normal Saline IV</b> over 20 minutes.	[I]
<b>Eclampsia</b>		
I	Administer <b>Magnesium Sulfate 4 g IV/IO</b> . <i>If premixed, give 4 g IV/IO</i> given at a rate of 1g per minute or until seizure stops. <i>If not premixed, mix 4 g in 100mL 0.9% Normal Saline IV/IO</i> given at a rate of 1g per minute or until seizure stops.	I
I	If seizure activity continues administer <ul style="list-style-type: none"><li>• <b>Lorazepam (Ativan) 2 mg IV/IM</b> and repeat dose in 5 minutes if seizure activity continues up to a <b>maximum total dose of 4 mg</b></li><li><i>or</i></li><li>• <b>Midazolam (Versed) 2 mg IN</b> followed by 1 mg every 2 min until seizure activity stops up to a <b>maximum total dose of 5 mg</b></li></ul>	I
EMT	Maintain a calm, darkened, quiet environment for the patient and transport in the left lateral recumbent position with head elevated	EMT

### PEARLS

- 🔔 Eclampsia can occur up to 8 weeks post-partum
- 🔔 For the patient who presents with pre-eclampsia and deteriorates to eclampsia, total dose is **4 g Magnesium Sulfate**
- 🔔 Provide early notification to the hospital