Designation of Condition: Pre-eclampsia: 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.

**Pre-Eclampsia**

- SBP >160 and/or DBP >110
- OR
- SBP >140 and/or DBP >90 with 2 of the following symptoms: severe headache, vision changes, altered mental status, or abdominal pain

**Eclampsia**

- Active seizing

- If actively seizing on EMS arrival give Midazolam 10mg IM. Do not wait for IV/IO access.
- Magnesium Sulfate 4gm IV/IO push over 10 minutes is priority for pregnant seizure
- For persistent seizure after 3–5 minutes, give additional 2 gm
- Magnesium IV/IO over 10 minutes

**KEY POINT**

Eclampsia can occur up to 6 weeks postpartum

A patient who is pregnant and seizing should be presumed to have eclampsia. Magnesium administration should be a priority in these patients. However, 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.

The preferred route of administration of Magnesium loading dose for eclampsia/pre-eclampsia is via IV/IO. However, 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.