**Postpartum Preeclampsia Checklist**

**If Patient < 6 Weeks Postpartum with:**
- BP ≥ 160/110 or
- BP ≥ 140/90 with unremitting headache, visual disturbances, epigastric pain

- Call for Assistance
- Designate:
  - Team leader
  - Checklist reader/recorder
  - Primary RN
- Ensure side rails up
- Call obstetric consult; Document call
- Place IV; Draw preeclampsia labs
  - CBC
  - PT
  - PTT
  - Fibrinogen
  - Chemistry Panel
  - Uric Acid
  - Hepatic Function
  - Type and Screen
- Ensure medications appropriate given patient history
- Administer seizure prophylaxis
- Administer antihypertensive therapy
  - Contact MFM or Critical Care for refractory blood pressure
- Consider indwelling urinary catheter
  - Maintain strict I&O — patient at risk for pulmonary edema
- Brain imaging if unremitting headache or neurological symptoms

† "Active asthma" is defined as:
- symptoms at least once a week,
- use of an inhaler, corticosteroids for asthma during the pregnancy, or
- any history of intubation or hospitalization for asthma.

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**Magnesium Sulfate**

Contraindications: Myasthenia gravis; avoid with pulmonary edema, use caution with renal failure

**IV access:**
- Load 4-6 grams 10% magnesium sulfate in 100 mL solution over 20 min
- Label magnesium sulfate; Connect to labeled infusion pump
- Magnesium sulfate maintenance 1-2 grams/hour

**No IV access:**
- 10 grams of 50% solution IM (5 g in each buttock)

**Antihypertensive Medications**

For SBP ≥ 160 or DBP ≥ 110
(See SMI algorithms for complete management when necessary to move to another agent after 2 doses.)

- **Labetalol** (initial dose: 20mg); Avoid parenteral labetalol with active asthma, heart disease, or congestive heart failure; use with caution with history of asthma
- **Hydralazine** (5-10 mg IV* over 2 min); May increase risk of maternal hypotension
- **Oral Nifedipine** (10 mg capsules); Capsules should be administered orally, not punctured or otherwise administered sublingually

* Maximum cumulative IV-administered doses should not exceed 220 mg labetalol or 25 mg hydralazine in 24 hours

**Note:** If first line agents unsuccessful, emergency consult with specialist (MFM, internal medicine, OB anesthesiology, critical care) is recommended

**Anticonvulsant Medications**

For recurrent seizures or when magnesium sulfate contraindicated

- **Lorazepam (Ativan):** 2-4 mg IV x 1, may repeat once after 10-15 min
- **Diazepam (Valium):** 5-10 mg IV q 5-10 min

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**Safe Motherhood Initiative**

Revised January 2019