

Eclampsia Checklist

- Call for assistance (**Hospital should identify a Rapid Response Team**) to location of the event
- Check in:
 - OB Attendings/ Fellows/Residents
 - Three RNs
 - Anesthesia
 - Neonatology (if indicated)
- Appoint a leader
- Appoint a recorder
- Appoint a primary RN and secondary personnel
- Protect airway
- Secure patient in bed, rails up on bed, padding
- Lateral decubitus position
- Maternal pulse oximetry
- IV access/PEC labs
- Supplement oxygen (100% non-rebreather)
- Bag-mask ventilation on the unit
- Suction available
- Continuous fetal monitoring (if appropriate)

INITIAL MEDICATIONS

- Load 4-6 grams 10% magnesium sulfate in 100 ml solution IV over 20 minutes
- Magnesium sulfate on infusion pump
- Magnesium sulfate and pump labeled
- Magnesium sulfate 10 grams of 50% solution IM (5 grams in each buttock) if no IV access
- Magnesium sulfate maintenance 1-2 grams/hour continuous infusion

Contraindications: pulmonary edema, renal failure, myasthenia gravis

ANTICONVULSANT MEDICATIONS

(for recurrent seizures or when magnesium sulfate is contraindicated):

- **Lorazepam** (2-4 mg IV x 1, may repeat x 1 after 10-15 minutes)
- **Diazepam** (5-10 mg IV every 5-10 minutes to maximum dose 30 mg)
- **Phenytoin** (15-20 mg/kg IV x 1, may repeat 10 mg/kg IV after 20 minutes if no response); avoid with hypotension, may cause cardiac arrhythmias
- **Keppra** (500 mg IV or orally, may repeat in 12 hours); dose adjustment needed if renal impairment

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PERSISTENT SEIZURE

- Neuromuscular block and intubate
- Obtain radiographic imaging
- ICU admission

Antihypertensive medications **SBP \geq 160** or **DBP \geq 110**

- **Labetalol** (20, 40, 80, 80 mg IV* over 2 minutes, escalating doses, repeat every 10 minutes or 200 mg orally if no IV access); avoid in asthma or heart failure, can cause neonatal bradycardia
- **Hydralazine** (5-10 mg IV* over 2 minutes, repeat in 20 minutes until target blood pressure is reached)
- Repeat blood pressure every 10 minutes during administration

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

AFTER SEIZURE

- Assess neurologic status every 15 minutes
- PEC labs: CBC, Chem 7, LFT, Uric Acid, LDH, T&S, PT/PTT, Fibrinogen, Magnesium
- Foley catheter (Hourly I&O. Report output < 30 ml/hour)

Strict I&O (no less than every 2 hours). Report urine output to the clinician if < 30 ml/hr. Foley catheter should be placed if urine output is borderline or strict I&O cannot be maintained. Urometer should be utilized if the urine output is borderline or < 30 ml/hr.

DELIVERY PLAN

- Ensure that there is an appropriate plan for delivery

MAGNESIUM TOXICITY

- Stop Magnesium maintenance
- Calcium gluconate 1 gram (10 ml of 10% solution) IV over 1-2 minutes

POSTPARTUM

- Oral antihypertensive medication postpartum if > 150/100.
- Blood pressure monitoring is recommended 72 hours after delivery and/or outpatient surveillance (e.g., visiting nurse evaluation) within 3 days and again 7-10 days after delivery or earlier if persistent symptoms.

DEBRIEF

- Debrief with the whole obstetric care team and document following the debrief