Eclampsia Checklist

☐ Call for Assistance

☐ Designate
  ○ Team leader
  ○ Checklist reader/recorder
  ○ Primary RN

☐ Ensure side rails up

☐ Protect airway and improve oxygenation:
  ○ Maternal pulse oximetry
  ○ Supplemental oxygen (100% non-rebreather)
    □ Lateral decubitus position
    □ Bag-mask ventilation available
    □ Suction available

☐ Continuous fetal monitoring

☐ Place IV; Draw preeclampsia labs

☐ Ensure medications appropriate given patient history

☐ Administer magnesium sulfate

☐ Administer antihypertensive therapy if appropriate

☐ Develop delivery plan, if appropriate

☐ Debrief patient, family, and obstetric team

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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)

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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 persistent seizures, consider anticonvulsant medications and additional workup

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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 to maximum dose 30 mg

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For Persistent Seizures

☐ Neuromuscular block and intubate

☐ Obtain radiographic imaging

☐ ICU admission

☐ Consider anticonvulsant medications

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