EMERGENCY DEPARTMENT

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

*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

† “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.

REvised JULY 2017