

AG22 OB/GYN-Pregnancy (Pre) Eclampsia

Objectives:

- To appropriately assess and treat patients with pre-eclampsia or eclampsia

General Information:

- Signs and Symptoms
 - a) Blood pressure – systolic > 140 mm/Hg and/or diastolic > 90 mmHg
 - b) General edema, particularly upper extremities or face
 - c) Frontal headaches
 - d) Vision disturbances
 - e) Altered mental status
 - f) Abdominal pain
- Pre-eclampsia may occur for up to 6-8 weeks post-partum
- Ativan (lorazepam) is the preferred drug for seizures
 - a) Dilute in an equal amount of NS for IV/IO administration
 - b) Dose 2 mg slow IV push (over 2 minutes)
 - c) May be administered IM if IV/IO access is not available. Do not dilute if administering IM
 - d) May repeat with physician order up to max dose of 8 mg
 - e) Medical control may order 1 mg for post seizure patients to prevent further seizures (I, P)
- Valium
 - a) Second line treatment for seizing patient
 - b) Dose 5 mg slow IV push (over 2 minutes)
 - c) May be administered IM if IV/IO access is not available
- Magnesium sulfate
 - a) Treatment for control of eclampsia
 - b) Dose 2 g in 100 ml NS over 5 minutes
- Transport pregnant patient in left lateral recumbent position
 - a) Transport patient to appropriate facility
 - b) In case of imminent delivery, transport patient to the closest facility with obstetrical capabilities. Medical control continues to serve as a resource in cases of uncertainty



Warnings/Alerts:

- Use caution in administering magnesium sulfate to patients in renal failure
- Valium has the potential to cause respiratory depression and bradycardia. For that reason, patients receiving Valium should be on cardiac and SpO2 monitor with vital sign reassessment every 5 minutes
- Flush IV lines thoroughly after Valium administration. Valium is incompatible with most drugs and precipitation is likely to occur

OMD Notes:

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References:

Mosby's Paramedic Textbook, Third Edition, 2007 pg 1329-1330
The Paramedic, Magraw-Hill, 2008 pg 1008

Performance Indicators:

Onset of symptoms	History of Pregnancy	Transport to Appropriate Facility
Treatment and Response to Treatment		

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