

HYPERTENSIVE DISORDERS

PRE-ECLAMPSIA and ECLAMPSIA

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> • Due date • PMH • Recent infection • Prenatal care • Trauma • pregnancy > 20 weeks or postpartum ≤ 4 weeks 	<ul style="list-style-type: none"> • Hypertension • Seizures • Headache • Edema • Visual disturbances 	<ul style="list-style-type: none"> • Pre-existing seizure • Drug/alcohol withdrawal

	EMR	EMT	PM
1. Provide Adult Routine Medical Care - support life threatening problems with airway, breathing, and circulation.	•	•	•
2. Position mother on her left side	•	•	•
3. Obtain ECG and/or 12 lead, monitor Capnography.		•	•
4. Seizure precautions: gentle handling, low CNS stimulation		•	•

UNSTABLE: SBP >160 or DBP >110

5. MAGNESIUM SULFATE: 4g diluted in 100 mL D5W IVPB, over 15	•
6. If hypertension persists, HYDRALAZINE 5 mg IVP over 1 min.	•
7. If hypertension persists after 10 min., HYDRALAZINE 10 mg IVP over 1 min.	•
8. For seizures MIDAZOLAM: 10 mg IM or 2 mg IVP/IO/IN, may repeat 2 min., max. 10 mg	•
9. If seizure activity continues/recurs contact OLMC to repeat MIDAZOLAM	•

PEARLS:

1. Respirations during an active seizure should be considered ineffective and airway maintenance should occur per assessment.
2. The predominant during pregnancy risk factors for development of preeclampsia include: age extremes (< 20 years or > 35 years), primigravida, and multiple gestation
3. Definitive treatment can only be accomplished through delivery of the placenta.
4. Although it occurs primarily in first pregnancies, women with pre-eclampsia in a previous pregnancy are 7x more likely to develop again in later pregnancy