

# 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
- Administer magnesium sulfate
- Administer antihypertensive therapy if appropriate
- Develop delivery plan, if appropriate
- Debrief patient, family, and obstetric team

## MAGNESIUM SULFATE

Contraindications: pulmonary edema, renal failure, myasthenia gravis

### 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  $\geq$  160 or DBP  $\geq$  110

- Labetalol** (20 mg, 40, 80 IV\* over 2 min, escalating doses, repeat q 10 min); Avoid in asthma or heart failure, can cause neonatal bradycardia
- Hydralazine** (5-10 mg IV\* over 2 min, repeat q 20 min until target BP reached)

\* 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

## 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

## FOR PERSISTENT SEIZURES

- Neuromuscular block and intubate
- Obtain radiographic imaging
- ICU admission
- Consider anticonvulsant medications

REVISED OCTOBER 2015