PREECLAMPSIA/ECLAMPSIA (A72)

Preeclampsia is defined by the elevation of the expectant mother's blood pressure, usually after the 20th week of pregnancy, and excessive protein in her urine. Signs & symptoms: headaches, abdominal pain especially right upper quadrant, shortness of breath, burning behind the sternum, nausea and vomiting, confusion, heightened state of anxiety and/or visual disturbances such as photophobia, blurred vision, seeing flashing spots or auras.

Eclampsia is a complication of preeclampsia characterized by seizures during pregnancy and up to six weeks post-partum. Eclampsia is rare and usually treatable if appropriate intervention occurs promptly. Left untreated, eclamptic seizures can result in coma, brain damage, and possibly maternal or infant death.

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
ADVANCED AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA or ETI.				X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: if pulse oximetry <94% or signs of respiratory distress or hypoperfusion or seizures.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
TEST FOR GLUCOSE		X	X	X	
D10: infuse 100 mL IV/IO if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post infusion. If blood glucose < 70 mg/dL infuse remaining 150 mL.				X	
PRE-ECLAMPSIA					
TRANSPORT: Mother placed on left side if time permits. Try to maintain a quiet environment.	X	X	X	X	
ECLAMPSIA					
MAGNESIUM SULFATE: 6 gm in 100 mL of NS infused over 15 minutes IV/IO or 10 gm in divided doses IM.				X	
BASE CONTACT: if seizures continue after magnesium infusion.					X