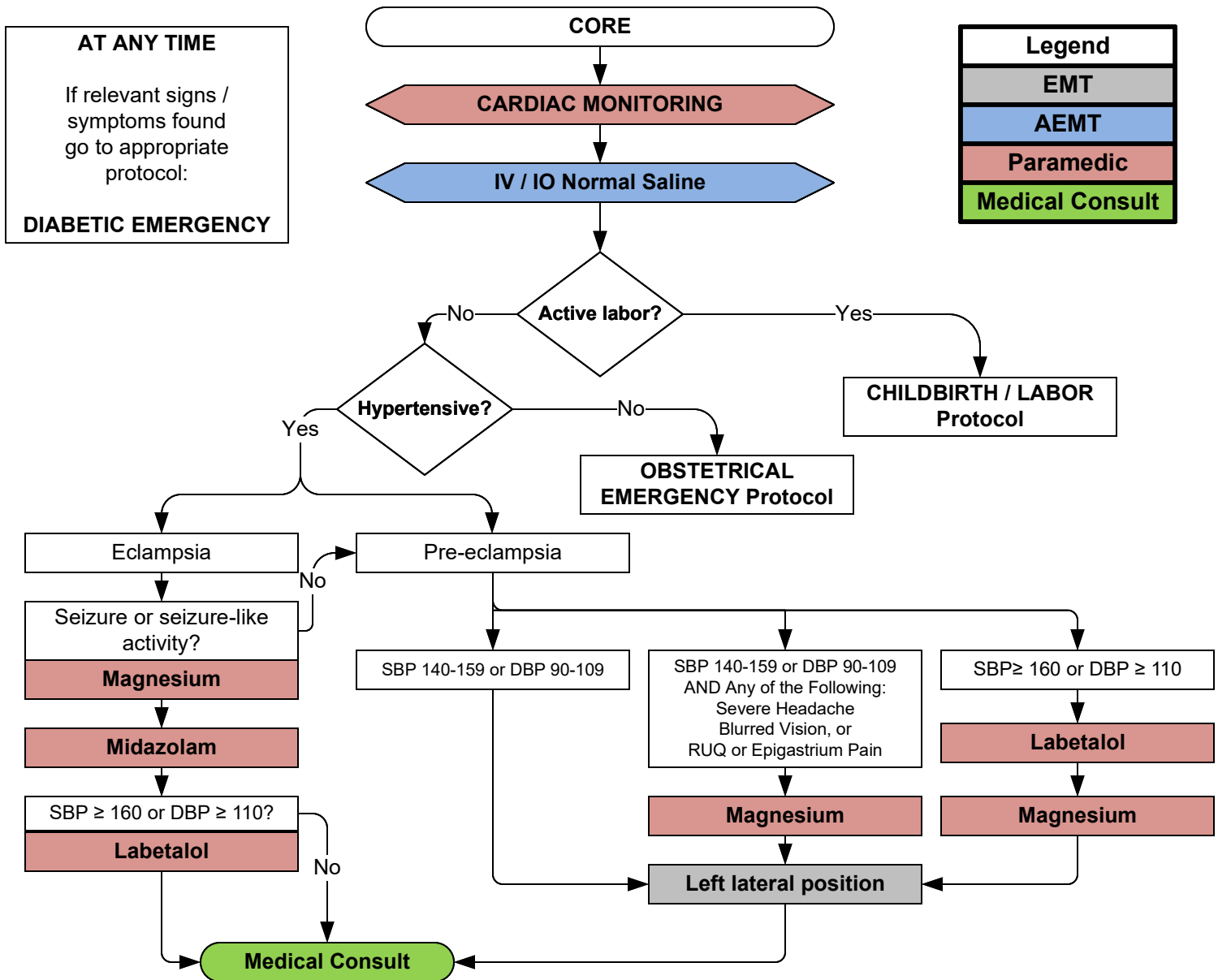


PRE-ECLAMPSIA / ECLAMPSIA

History: ○ Hypertension meds ○ Prenatal care ○ LMP / Gestational age ○ Previous complicated pregnancies ○ Gravida / Para ○ SAMPLE ○ > 35 years-old ○ Diabetes	Signs and Symptoms: ○ Vaginal bleeding / discharge /mucous plug/ruptured membranes ○ Abdominal pain ○ Seizures ○ Hypertension ○ Severe headache ○ Visual changes ○ Edema of hands and face ○ Decreased urine output	Differential: ○ Pre-eclampsia / Eclampsia ○ Placenta previa ○ Placenta abruptio ○ Spontaneous abortion ○ Gestational Diabetes ○ Uterine rupture
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Pearls:

- **Pre-eclampsia and eclampsia may occur up to 6 weeks post partum. Always consider eclampsia in pregnant seizing patients especially those greater than 20 weeks gestation and patients that have recently delivered.**
- Patients with eclampsia may or may not be severely hypertensive.
- Magnesium sulfate is the initial drug administered to terminate seizures. Compared with the traditional drugs used to terminate seizures (eg, midazolam, Dilantin), magnesium sulfate has a lower risk of recurrent seizures.
- Seizures usually terminate after the loading dose of magnesium.
- If no IV and unable to secure an IV due to seizure activity, do not delay administration of Midazolam via IN/IM route.
- Severe headache, vision changes, or RUQ pain may indicate pre-eclampsia.
- Maintain patient in a left lateral position to minimize risk of supine hypotensive syndrome.