

SECTION: OB-4

PROTOCOL TITLE: Pregnancy Induced Hypertension/Eclampsia

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**BLS SPECIFIC CARE: See General OB Care Protocol OB-1**

- Create a low stimulus environment unless altered LOC, then transport code 3.
- Position patient as appropriate.
- In cases of suspected pre-eclampsia (patient not actively seizing) reduce/eliminate noxious environmental stimuli (light, noise, etc.)

**ILS SPECIFIC CARE: See General OB Care Protocol OB-1**

- IV access (to a max of three attempts) only if needed due to severity of underlying injury or illness, otherwise defer until arrival of ALS providers.

**ALS SPECIFIC CARE: See General OB Care Protocol OB-1**

- Assess and identify causes of complaints, treat as needed.

*Pre-eclampsia:*

- **Magnesium sulfate (for severe signs and symptoms) contact medical control :**
  - IV: 4 g over 20 minutes, repeat as needed
  - Take 4 g, Dilute to 100 cc Do not give faster than 1 g/minute.  
Maintenance Infusion: 10 g/250cc NS, run at 50cc/hr (2 g/hr

*Eclampsia: (active seizures)*

- Magnesium sulfate
  - IV: 4 g over 5 minutes, repeat as needed.
  - Take 4 g, Dilute to 100 cc Do not give faster than 1 g/minute.  
Maintenance Infusion: 10 g/250cc NS, run at 50cc/hr (2 g/hr

# Protocol OB-4

## P.I.H./ECLAMPSIA

### *Benzodiazepines (Use only with seizure history)::*

- Valium (diazepam)
  - IV/IO: 2-10 mg every 5-10 minutes as needed to maximum 20 mg
  - PR: 5-10 mg every 5-10 minutes as needed to maximum of 20 mg
- Versed (midazolam)
  - IV/IO: 0.5-2.5 mg every 5-10 minutes as needed to maximum of 5 mg
  - IN (intranasal): 5mg (2.5 mg each nare) to maximum total dose 5 mg
  - IM: 5mg to maximum dose 5 mg

### **PHYSICIAN PEARLS:**

#### **Signs and Symptoms**

- Hypertension BP 140/90 or baseline increase of:
  - Systolic  $\uparrow$ 30 mm/Hg and/or
  - Diastolic  $\uparrow$ 15 mm/Hg
- SYSTEMIC edema: Starts at feet and moves up till it becomes systemic.
  - Severe frontal headache with photophobia.
- SEIZURES/ALTERED LOC
- Visual disturbances
- Hyperreflexia
- Epigastric pain (late sign), jaundice
- Pulmonary edema, JVD. (Think CHF)
- Tachycardia, dysrhythmias
- Chest pain

S/S MAY OCCUR AS MUCH AS 2-3 WEEKS POST PARTUM

Remember, magnesium sulfate can cause respiratory depression with cardiovascular collapse, especially with rapid IV push.