

## EMERGENCY DEPARTMENT

# Postpartum Preeclampsia Checklist

## If Patient < 6 Weeks Postpartum With:

- BP  $\geq$  160/110 or
  - BP  $\geq$  140/90 with unremitting headache, visual disturbances, epigastric pain
- Call for Assistance
  - Designate:
    - Team leader
    - Checklist reader/recorder
    - Primary RN
  - Ensure side rails up
  - Call obstetric consult; Document call
  - Place IV; Draw preeclampsia labs
    - CBC  Chemistry Panel
    - PT  Uric Acid
    - PTT  Hepatic Function
    - Fibrinogen  Type and Screen
  - Ensure medications appropriate given patient history
  - Administer seizure prophylaxis
  - Administer antihypertensive therapy
    - Contact MFM or Critical Care for refractory blood pressure
  - Consider indwelling urinary catheter
    - Maintain strict I&O — patient at risk for pulmonary edema
  - Brain imaging if unremitting headache or neurological symptoms

<sup>†</sup> "Active asthma" is defined as:

- (A) symptoms at least once a week, or
- (B) use of an inhaler, corticosteroids for asthma during the pregnancy, or
- (C) any history of intubation or hospitalization for asthma.

## Magnesium Sulfate

Contraindications: Myasthenia gravis; avoid with pulmonary edema, use caution with renal failure

### 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

(See SMI algorithms for complete management when necessary to move to another agent after 2 doses.)

- Labetalol** (initial dose: 20mg); **Avoid parenteral labetalol with active asthma, heart disease, or congestive heart failure; use with caution with history of asthma**
- Hydralazine** (5-10 mg IV\* over 2 min); **May increase risk of maternal hypotension**
- Oral Nifedipine** (10 mg capsules); Capsules should be administered orally, not punctured or otherwise administered sublingually

\* Maximum cumulative IV-administered doses should not exceed 220 mg labetalol or 25 mg hydralazine in 24 hours

**Note:** If first line agents unsuccessful, emergency consult with specialist (MFM, internal medicine, OB anesthesiology, critical care) is recommended

## 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