Eclampsia Checklist

- ☐ Call for assistance **(Hospital should identify a Rapid Response Team)** to location of the event
- ☐ Check in:
  - ○ OB Attendings/ Fellows/Residents
  - ○ Three RNs
  - ○ Anesthesia
  - ○ Neonatology (if indicated)
- ☐ Appoint a leader
- ☐ Appoint a recorder
- ☐ Appoint a primary RN and secondary personnel
- ☐ Protect airway
- ☐ Secure patient in bed, rails up on bed, padding
- ☐ Lateral decubitus position
- ☐ Maternal pulse oximetry
- ☐ IV access/PEC labs
- ☐ Supplement oxygen (100% non-rebreather)
- ☐ Bag-mask ventilation on the unit
- ☐ Suction available
- ☐ Continuous fetal monitoring (if appropriate)

Initial Medications

- ☐ Load 4-6 grams 10% magnesium sulfate in 100 ml solution IV over 20 minutes
- ☐ Magnesium sulfate on infusion pump
- ☐ Magnesium sulfate and pump labeled
- ☐ Magnesium sulfate 10 grams of 50% solution IM (5 grams in each buttock) if no IV access
- ☐ Magnesium sulfate maintenance 1-2 grams/hour continuous infusion

Contraindications: pulmonary edema, renal failure, myasthenia gravis

Anticonvulsant medications

(for recurrent seizures or when magnesium sulfate is contraindicated):

- **Lorazepam** (2-4 mg IV x 1, may repeat x 1 after 10-15 minutes)
- **Diazepam** (5-10 mg IV every 5-10 minutes to maximum dose 30 mg)
- **Phenytoin** (15-20 mg/kg IV x 1, may repeat 10 mg/kg IV after 20 minutes if no response); avoid with hypotension, may cause cardiac arrhythmias
- **Keppra** (500 mg IV or orally, may repeat in 12 hours); dose adjustment needed if renal impairment

Persistent Seizure

- ☐ Neuromuscular block and intubate
- ☐ Obtain radiographic imaging
- ☐ ICU admission

Antihypertensive medications **SBP ≥ 160** or **DBP ≥ 110**

- **Labetalol** (20, 40, 80, 80 mg IV* over 2 minutes, escalating doses, repeat every 10 minutes or 200 mg orally if no IV access); avoid in asthma or heart failure, can cause neonatal bradycardia
- **Hydralazine** (5-10 mg IV* over 2 minutes, repeat in 20 minutes until target blood pressure is reached)
- Repeat BP every 10 minutes during administration

*** Maximum cumulative IV administered doses should not exceed 25 mg hydralazine; 220 mg labetalol in 24 hours.**

After Seizure

- ☐ Assess neurologic status every 15 minutes
- ☐ PEC labs: CBC, Chem 7, LFT, Uric Acid, LDH, T&S, PT/PTT, Fibrinogen, Magnesium
- ☐ Foley catheter (Hourly I&O. Report output < 30 ml/hour)

Strict I&O (no less than every 2 hours). Report urine output to the clinician if < 30 ml/hr. Foley catheter should be placed if urine output is borderline or strict I&O cannot be maintained. Urometer should be utilized if the urine output is borderline or < 30 ml/hr.

Delivery plan

- ☐ Ensure that there is an appropriate plan for delivery

Magnesium Toxicity

- ☐ Stop magnesium maintenance
- ☐ Calcium gluconate 1 gram (10 ml of 10% solution) IV over 1-2 minutes

Postpartum

- ☐ Oral antihypertensive medication postpartum if > 150/100.
- ☐ Blood pressure monitoring is recommended 72 hours after delivery and/or outpatient surveillance (e.g., visiting nurse evaluation) within 3 days and again 7-10 days after delivery or earlier if persistent symptoms.

Debrief

- ☐ Debrief with the whole obstetric care team and document following the debrief