Appendix E: Eclampsia Algorithm

Eclampsia Algorithm

Call for help

1. Position patient in left lateral decubitus position
2. Establish open airway and maintain breathing
3. Check Oxygen level
4. Check blood pressure and pulse
5. Obtain IV access: 1 or 2 large-bore IV catheters

Magnesium Sulfate
4-6 gram IV loading dose over 15-20 minutes, followed by a 2 gram/hour maintenance dose if renal function is normal

If the patient seizes again while on magnesium sulfate maintenance dose:

1. Maintain airway and oxygenation
2. Give a 2nd loading dose of magnesium sulfate 2 grams over 5 minutes
3. Observe for signs of magnesium toxicity

If patient has a recurrent seizure after a 2nd loading dose of magnesium sulfate, consider the following:

Resolution of seizures:
1. Maintain magnesium sulfate infusion until 24 hours after the last seizure or after delivery, whichever is later
2. Assess for any signs of neurologic injury/infantile deficit; head imaging should be considered if neurologic injury is suspected
3. Once the patient is stabilized preparations should be made for delivery; mode of delivery is dependent upon clinical circumstances surrounding the pregnancy

NOTE: These recommendations can be modified for use as each institution requires.

Discontinuation of therapy:
Severe preeclampsia and eclampsia: 24 hours after delivery or after last seizure
NOTE: Administration beyond 24 hours may be indicated if the patient shows no signs of improvement