Appendix F: Evaluation and Treatment of Antepartum and Postpartum Preeclampsia and Eclampsia in the Emergency Department Part 1 AND 2

Errata v 5/13/14

Preeclampsia and Eclampsia in the Emergency Department

Female age 15-50 presents to ED Triage

Is the patient pregnant?

Yes <20 wks

ED Treatment with OB consultation as needed for vaginal bleeding, hypertension, etc.

Yes >20 wks

Transfer to L&D and Communicate:
1. Suspicion of Preeclampsia
2. Symptoms
3. VS including BP
4. Any pertinent prenatal and past history

L&D Transfer Protocol?

No

Delivered in last 6 weeks?

Yes

OB Consult <60 min for:
• Headache, visual complaints, altered mental status, CVA, seizure
• Abdominal pain-especially RUQ, epigastric pain
• Persistent nausea, vomiting
• SOB, pulmonary edema
• Hyperensive emergency: SBP>160 or DBP>105
• Major Trauma

Symptoms?

• Headache, visual complaints, altered mental status, CVA, seizure
• Abdominal pain-especially RUQ, epigastric pain
• Persistent nausea, vomiting
• SOB, pulmonary edema
• Measure BP

No

SBP>140 OR DBP>90
HYPTENSION

SBP<140 OR DBP<90
NORMAL BP

SBP>160 OR DBP>105
HYPERTENSIVE EMERGENCY

• Order LABS: CBC, AST, ALT, Urine dip for protein, UA, LDH & Uric acid
• Immediate OB Consult
• Initiate anti-hypertensives and magnesium immediately per treatment guidelines

OB Consult <60 min
• Labs: CBC, AST, ALT, Urine dip for protein, UA, LDH & Uric acid
• Serial BP q1hr unless significant change in patient condition
• If patient's BP increases to SBP>160 or DBP>105 then initiate anti-hypertensives and magnesium and notify OB of change in condition if not already present

• LABS: CBC, AST, ALT, Urine dip for protein, UA, LDH & Uric acid
• Serial BP
• OB Consult
• Notify if changes
• NOTE: If patient's BP increases to SBP>160 or DBP>105 then initiate anti-hypertensives and magnesium and notify OB of change in condition if not already present

Evaluation confirms diagnosis of Preeclampsia