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:*

1. Midazolam (versed) 1-2 mg IV (can repeat in 5-10 minutes) OR
2. Lorazepam (ativan) 4 mg IV over 2-5 minutes (can repeat in 5-15 minutes to maximum of 8 mg in 12 hours) OR
3. Diazepam (valium) 5-10 mg IV slowly (can repeat every 15 minutes up to 30 mg) OR
4. Phenytoin (dilantin) 1000 mg IV over 20 minutes
5. Monitor respiration and BP, ECG and signs of magnesium toxicity. Phenytoin may cause QRS or QT prolongation.

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

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/focal 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

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