EMERGENCY DEPARTMENT

POSTPARTUM PREECLAMPSIA CHECKLIST

If patient < 6 months postpartum with:

- BP ≥ 160/110 or
- BP ≥ 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
  - PT
  - PTT
  - Fibrinogen
  - Chemistry Panel
  - Uric Acid
  - Hepatic Function
  - 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

*Active Asthma is defined as:

- Symptoms at least once a week, or
- Use of an inhaler, corticosteroids for asthma during the pregnancy, or
- Any history of intubation or hospitalization for asthma

Medications listed here are safe for breastfeeding/lactation

Adapted from ACOG Safe Motherhood Initiative

Magnesium Sulfate

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

Magnesium toxicity treatment: Calcium gluconate: Medication should be administered intravenously or by infusion.

IV access: Always infuse Magnesium Sulfate with Lactated Ringers. The total infusion rate for Magnesium Sulfate and Lactated Ringer should be no greater than 125ml/hr. If other medications are infusing, modifications to the LR rate must maintain a total infusion rate of 125ml/hr.

- ☐ Load 4-6 grams 10% magnesium sulfate in 100 mL solution over 20 minutes
- ☐ Label magnesium sulfate; connect to labeled infusion pump
- ☐ Magnesium sulfate maintenance 1-2 grams/hour

NO IV access:

- ☐ 10 grams of 50% solution IM (5g in each buttock

Antihypertensive Medications

For SBP ≥ 160 or DBP ≥ 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 minutes): 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 300 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 minutes
- ☐ Diazepam (Valium): 5-10 mg IV q 5-10 minutes to maximum dose 30 mg