

Evaluation and Treatment of Antepartum and Postpartum Preeclampsia and Eclampsia in the Emergency Department

TREATMENT

1st Line Anti-Hypertensive Treatment: Labetalol & Hydralazine*
 Target BP: 140-160/90-100 (BP<140/90 = decreased fetal perfusion)
 See CMQCC Preeclampsia Toolkit for "Antihypertensives in Preeclampsia" for 2nd line therapy

Magnesium

LABETALOL as Primary Anti-Hypertensive

- Administer Labetalol 20 mg IV
- Repeat BP in 10 min
 - If BP threshold is still exceeded, administer Labetalol 40 mg IV
 - If SBP<160 and DBP<100, continue to monitor closely
- Repeat BP in 10 min
 - If BP threshold is still exceeded, administer Labetalol 80 mg IV
 - If SBP<160 and DBP<100, continue to monitor closely
- Repeat BP in 10 min
 - If BP threshold is still exceeded, administer Hydralazine 10 mg IV
 - If SBP<160 and DBP<100, continue to monitor closely
- Repeat BP in 20 min; if BP threshold is still exceeded, obtain emergent consultation from maternal-fetal medicine, internal medicine, anesthesiology, or critical care
- Once target BP achieved, monitor BP q10 min for 1 hour, q 15 min for 2nd hour

HYDRALAZINE as Primary Anti-Hypertensive

- Administer Hydralazine 5 or 10 mg IV
- Repeat BP in 20 min
 - If BP threshold is still exceeded, administer Hydralazine 10 mg IV
 - If SBP<160 and DBP<100, continue to monitor closely
- Repeat BP in 20 min
 - If BP threshold is still exceeded, administer Labetalol 20 mg IV
 - If SBP<160 and DBP<100, continue to monitor closely
- Repeat BP in 10 min
 - If BP threshold is still exceeded, administer Labetalol 40 mg IV and obtain emergent consultation from maternal-fetal medicine, internal medicine, anesthesiology, or critical care
 - If SBP<160 and DBP<100, continue to monitor closely
- Once target BP achieved, monitor BP q10 min for 1 hour, q 15 min for 2nd hour

Initial Treatment

- Loading Dose: 4-6 gm over 15-20 min
- Maintenance 1-2 gm/hr
- Close observation for signs of toxicity
 - Disappearance of deep tendon reflexes
 - Decreased RR, shallow respirations, shortness of breath
 - Heart block, chest pain
 - Pulmonary edema

If Patient Seizes While on Magnesium:

- Secure airway and maintain oxygenation
- Give 2nd loading dose of 2 gm Magnesium over 5 min
- If patient seizes after 2nd magnesium bolus, consider the following:
 - Midazolam 1-2 mg IV; may repeat in 5-10 min **OR**
 - Lorazepam 2 mg IV-may repeat **OR**
 - Diazepam 5-10 mg IV. May repeat q15 min to max of 30 mg
 - Phenytoin 1 g IV over 20 min

Seizures Resolve

- Maintain airway and oxygenation
- Monitor VS, cardiac rhythm/ECG for signs of medication toxicity
- Consider brain imaging for:
 - Head trauma
 - Focal seizure
 - Focal neurologic findings
 - Other neurologic diagnosis is suspected

*Labetalol and Hydralazine recommendations based on 2011 ACOG Committee Opinion #514 and Practice Bulletin #33, Reaffirmed 2012