

EMERGENCY DEPARTMENT

Postpartum Preeclampsia Checklist

If Patient < 6 Weeks Postpartum With:

- BP \geq 160/110 or
 - BP \geq 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 Chemistry Panel
 - PT Uric Acid
 - PTT Hepatic Function
 - Fibrinogen 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:

- (A) symptoms at least once a week, or
- (B) use of an inhaler, corticosteroids for asthma during the pregnancy, or
- (C) any history of intubation or hospitalization for asthma.

Magnesium Sulfate

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

IV access:

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

No IV access:

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

Antihypertensive Medications

For SBP \geq 160 or DBP \geq 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 min); **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 220 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 min
- Diazepam (Valium):** 5-10 mg IV q 5-10 min