

SYMPTOMS: Female patient, greater than 20-week gestation, or recently given birth, presenting with hypertension and evidence of end organ involvement (headache, confusion, vision changes, right upper quadrant or epigastric pain, pulmonary edema and/or seizures).

Note: May occur up to 4 weeks postpartum but is rare 48 hours past delivery.

Assessment, Treatment, and Interventions

ALL LEVELS

1. Obtain brief history.
 - a. Gestational age
 - b. Symptoms as listed above
 - c. Previous history of hypertension or known pre-eclampsia
2. Obtain and monitor vital signs; repeat every 10 minutes.
3. Secondary survey pertinent to obstetric issues:
 - a. Constitutional: vital signs (consider orthostatic vital signs – lying, sitting, standing); skin color
 - b. Abdomen: distention, tenderness
 - c. Genitourinary: visible bleeding
 - d. Neurologic: mental status

EMR-O; EMT-R

4. Transport patients in second or third trimester of pregnancy on left side with uterus manually displaced to left if hypotensive.

AEMT-R

5. Establish IV and administer normal saline at KVO rate but restrict maximum rate of fluids to 80 mL/hr.
OR
6. Saline lock

AEMT-O

7. Establish IV and administer Lactated Ringer's at KVO rate but restrict maximum rate of fluids to 80mL/hr.

PARA-R

8. Severe hypertension (SBP greater than 160 or DBP greater than 110) lasting more than 15 min with associated pre-eclampsia symptoms
 - a. Magnesium sulfate [4-6g over 15 to 30 minutes]
9. Seizures associated with pregnancy greater than 20 weeks gestation
 - a. Magnesium sulfate [4-6g over 14 to 30 minutes]
 - b. Benzodiazepine, per [Seizure guideline \[M-12\]](#), for active seizure not responding to magnesium.
 - c. Caution: respiratory depression.

PARA-O

10. Severe hypertension (SBP greater than 160 or DBP greater than 110) lasting more than 15 min with associated pre-eclampsia symptoms
 - a. Labetalol 20 mg IV over 2 min
 - i. May repeat every 10 min x 2 for persistent severe hypertension with pre-eclampsia symptoms
 - ii. Goal is to reduce mean arterial pressure (MAP) by 20-25% initially
 - iii. Ensure that HR is **greater than** 60 bpm prior to administration.

OR

- b. Hydralazine 5mg IV
 - i. May repeat 10mg after 20 min for persistent severe hypertension with preeclampsia symptoms
 - ii. Goal is to reduce MAP by 20-25%
- OR
- c. Nifedipine 10mg PO
 - i. May repeat 10-20mg PO every 20 minutes x 2 for persistent severe hypertension with pre-eclampsia symptoms
 - ii. Goal is to reduce MAP by 20-25%