

Emergency Department

Postpartum Preeclampsia Checklist

If Patient <6 weeks Postpartum with:

- BP > 160/110 or
- BP > 140/90 with unremitting headache, visual disturbances, epigastric pain

Call for OB consult; (document call)

Designate:

- Team Leader
- Checklist reader/recorder
- Primary RN

Place IV

If seizing, proceed with anticonvulsant therapy

Draw preeclampsia labs:

- CBC
- PT
- PTT
- Fibrinogen
- CMP
- Urine Protein/Creatinine Ratio
- Type and Screen
- LDH

Ensure medications appropriate given patient history

- Administer antihypertensive therapy. If unable to establish IV, use oral Nifedipine
- Contact MFM or Critical Care for refractory blood pressure
- Consider indwelling urinary catheter. Maintain strict I&O (patient at risk for pulmonary edema)
- Administer seizure prophylaxis with magnesium sulfate
- 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

Antihypertensive Medications

For SBP 160 or DBP 110

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 25mg hydralazine in 24 hours

Note: If first line agents unsuccessful, emergency consult with specialist (MFM, internal medicine, OB anesthesiology, critical care) is recommended

Seizure Therapy

Prophylaxis Therapy

Magnesium Sulfate

Contraindications: Myasthenia gravis.

Avoid pulmonary edema, use caution with renal failure.

IV access:

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

No IV access:

- 10 grams of 50% MgSO₄ solution IM (5g /10 ml plus 1mL of 2% lidocaine Z-track to each buttock)

Anticonvulsant Therapy

For recurrent seizures or when magnesium sulfate contraindicated

- Lorazepam(Ativan): 2-4 mg IVx1, may repeat once after 10-15 min
- Diazepam(Valium): 5-10mg IV q 5-10 min

