

SECTION: OB-02

PROTOCOL TITLE: Pregnancy Induced Hypertension

REVISED: November 1, 2017

BLS SPECIFIC CARE: See General OB Care Protocol OB-1

Seizure/Hypertension (Suspected Pre-eclampsia/Eclampsia)

- Refer to *Seizure protocol M-5*

In cases of suspected pre-eclampsia (patient not actively seizing) reduce/eliminate noxious environmental stimuli (light, noise, etc.)

AEMT/O.M. Specific Care: See General OB Care Protocol OB-1

ALS SPECIFIC CARE: See General OB Care Protocol OB-1

- Assess and identify causes of complaints, treat as needed.

Suspected Pre-eclampsia/Eclampsia (Seizure, ALOC, or HTN)

Pre-eclampsia (hypertension, ALOC without seizure)

Magnesium sulfate (for severe signs and symptoms) contact medical control:

- IV/IO: 4 g over 20 minutes, repeat as needed.
- Do not give faster than 1 g/minute.
- To Mix: 4 g /250 ml using a 15 gtt set. Run at equivalent of 750 ml/hour. Titrate for effect. **Max 8 grams.**
- If seizures occur, run at eclampsia dosing.
- *Maintenance Infusion:* : 5 g/250ml NS, run at 100 ml/hr (2 g/hr)

Eclampsia: (active seizures)

Magnesium sulfate

- IV/IO: 4 g over 5 minutes, repeat as needed.
- Do not give faster than 1 g/minute.
- To Mix: 4 g /250 ml using a 15 gtt set. Run at equivalent of 3000 ml/hour. Titrate for effect. **Max 8 grams.**
- *Maintenance Infusion:* 5 g/250ml NS, run at 100 ml/hr (2 g/hr)

Benzodiazepines

Valium (diazepam)

- IV/IO: 2-10 mg every 5-10 minutes as needed to maximum 20 mg
- PR: 5-10 mg every 5-10 minutes as needed to maximum of 20 mg

Protocol OB-02

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Versed (midazolam)

- IV/IO: 0.5-2.5 mg every 5-10 minutes as needed to maximum of 5 mg
- IN (intranasal): 5mg (2.5 mg each nare) to maximum total dose 5 mg
- IM: 5mg to maximum dose 5 mg

PHYSICIAN PEARLS:

Signs and Symptoms

- Hypertension BP 140/90 or baseline increase of:
 - Systolic \uparrow 30 mm/Hg and/or
 - Diastolic \uparrow 15 mm/Hg
- SYSTEMIC edema: Starts at feet and moves up till it becomes systemic.
 - Severe frontal headache with photophobia.
- SEIZURES/ALTERED LOC
- Visual disturbances
- Hyperreflexia
- Epigastric or RUQ pain, jaundice
- Pulmonary edema, JVD. (Think CHF)
- Tachycardia, dysrhythmias
- Chest pain

S/S MAY OCCUR AS MUCH AS 2-3 WEEKS POST PARTUM

Remember, magnesium sulfate can cause respiratory depression/arrest with cardiovascular collapse, especially with rapid IV push.

A patient who is pregnant and seizing should be presumed to have eclampsia, a true medical emergency. Magnesium administration should be a priority in these patients. However, IN/IM benzodiazepines may be given first due to rapidity of administration. For crews with two ALS providers, one provider should administer IN/IM benzodiazepine while the other provider establishes IV access for Magnesium.

Do not delay IN/IM administration of Midazolam for an actively seizing patient with difficult IV or IO access.