APPENDIX A: SAMPLE MANAGEMENT OF ECLAMPSIA ALGORITHM

Management of Eclampsia

Call for help + inform OB + anesthesiologist

Monitor maternal vital signs

Airway/Breathing
- 100% O₂ via non-rebreather face mask + suction available
- Open airway: Jaw thrust/head-tilt chin-lift
- If airway obstructed gently insert an oral airway (if able)
- If not able to insert oral airway + patient is obstructed + sats < 94% gently insert a nasal airway
- If apneic, ventilate with an ambu bag
- After airway control obtained turn to left lateral position + trendelenburg

Circulation
- See other side for meds

Seizure Control
- If not on magnesium administer 6 g bolus IV (over 20 mins)
- If already on magnesium administer 2nd bolus dose of 2 g IV (over 3 - 5 mins)
- Magnesium maintenance dose 1 - 2 g/hr
- If seizure not terminating administer midazolam 2 mg IV (lorazepam 4 mg IV is an alternative)
- Anesthesiologist to consider small dose of propofol (i.e. 20 - 40 mg)
- If seizure continues consider intubation (modified RSI: rapid sequence induction)

Monitor FHT
- OB and Anesthesia to discuss if/when delivery is required. Try and avoid immediate delivery, allow time for FHT to return to baseline. Deliver only for prolonged bradycardia after termination of seizure.

ONLY INTUBATE PATIENT IF:
1) Remains unconscious post-seizure
2) Non-terminating seizure
3) Signs of aspiration
4) Is hypoxic

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