Severe Preeclampsia and Eclampsia in LDR v2.0 SimMan3G
Part 2 – Learning Objectives
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| Cognitive Skills/Medical Management | 1. Diagnose severe preeclampsia based upon signs and symptoms  
| | a. Hypertensive Emergency i.e. SBP ≥160 OR DBP ≥105  
| | b. Neuro: Headache, Visual Complaints, Altered Mental Status, CVA, Seizure  
| | c. Abdominal pain – especially RUQ or epigastric pain  
| | d. Persistent nausea and vomiting  
| | e. Shortness of breath – pulmonary edema  
| 2. Treat hypertension per 2011 ACOG guidelines – 1st line agents  
| | a. Target BP =140/90 (BP<140/90 = fetal perfusion)  
| | b. Labetalol – escalating doses 20mg, 40mg, 80mg q10 min prn  
| | c. Hydralazine – escalating doses 5-10mg, 10 mg, q20 min prn  
| 3. Provide appropriate management of eclampsia  
| | a. Initial magnesium load and drip – already done in this case  
| | b. Additional 2g magnesium bolus for recurrent seizure  
| | c. Additional agents for seizure despite maximal magnesium therapy  
| | i. Benzodiazepines  
| | ii. Phenytoin  
| | d. Maintain airway and oxygenation  
| | i. Maintain open airway  
| | ii. Provide 100% O2  
| | iii. Definitive airway with intubation per anesthesia  
| | e. Consider neuro imaging if seizure is focal and/or other neuro diagnosis is suspected  
| Psychomotor Skills | 1. Maintain airway with repositioning, jaw thrust, etc. as needed  
| 2. Provide 100% O2  
| 3. Perform endotracheal intubation if indicated (If anesthesiologist present)  
| Critical Actions | 1. Make diagnosis of severe preeclampsia  
| 2. Diagnose hypertensive emergency and manage per 2011 ACOG guidelines  
| 3. Provide adequate control of seizures with magnesium and secondary agents if needed.  
| 4. Airway management after seizure  
| Unacceptable Actions | 1. Taking patient to the OR for c-section before BP and seizures controlled  

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