

APPENDIX H: SEVERE PREECLAMPSIA/ECLAMPSIA IN LDR V2.0 SimMan 3G: Learning Objectives

Severe Preeclampsia and Eclampsia in LDR v2.0 SimMan3G

Part 2 – Learning Objectives

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| Cognitive Skills/Medical Management | <ol style="list-style-type: none"> 1. Diagnose severe preeclampsia based upon signs and symptoms <ol style="list-style-type: none"> a. Hypertensive Emergency i.e. SBP \geq160 OR DBP \geq105 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 <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> i. Benzodiazepines ii. Phenytoin d. Maintain airway and oxygenation <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 1. Taking patient to the OR for c-section before BP and seizures controlled |