APPENDIX E: ECLAMPSIA ALGORITHM

Eclampsia Algorithm

Call for help

1. Position patient in left lateral decubitus position
2. Establish open airway and maintain breathing
3. Check Oxygen level
4. Check blood pressure and pulse
5. Obtain IV access: 1 or 2 large-bore IV catheters

Magnesium Sulfate
4-6 gram IV loading dose
over 15-20 minutes; followed
by a 2 gram/hour
maintenance dose if renal
function is normal

If the patient seizes again
while on magnesium sulfate
maintenance dose:

1. Maintain airway and oxygenation
2. Give a 2nd loading dose of
magnesium sulfate 2 grams over 5
minutes
3. Observe for signs of magnesium
toxicity

If patient has a recurrent
seizure after a 2nd loading
dose of magnesium sulfate
consider the following:

1. Midazolam (versed) 1-2 mg IV (can repeat in 5-10
minutes) OR
2. Lorazepam (ativan) 4 mg IV over 2-5 minutes
(can repeat in 5-15 minutes to maximum of 8 mg in
12 hours) OR
3. Diazepam (vallium) 5-10 mg IV slowly (can repeat
every 15 minutes up to 30 mg) OR
4. Phenytion (dilantin) 1000 mg IV over 20 minutes
5. Monitor respiration and R/P, ECG and signs of
magnesium toxicity. Phenytion may cause QRS or
QT prolongation.

Resolution of
seizures:
1. Maintain magnesium sulfate infusion until 24 hours
after the last seizure or after delivery, whichever is later
2. Assess for any signs of neurologic injury/local deficit;
head imaging should be considered if neurologic injury
is suspected
3. Once the patient is stabilized preparations should
be made for delivery; mode of delivery is dependent upon
clinical circumstances surrounding the pregnancy

Discontinuation of
therapy:
Severe preeclampsia
and eclampsia
24 hours after delivery or
after last seizure

NOTE: Administration
beyond 24 hours may be
indicated if the patient
shows no signs of
improvement.

NOTE: These recommendations can be modified for
use as each institution requires.