Evaluation and Treatment of Antepartum and Postpartum Preeclampsia and Eclampsia in the Emergency Department

Female age 15-50 presents to ED Triage

- Is the patient pregnant?
  - Yes <20 wks
  - Yes >20 wks
  - No

- L&D Transfer Protocol?
  - Yes
  - No

- Delivered in last 6 weeks?
  - Yes
  - No

**Symptoms?**
- Headache, visual complaints, altered mental status, CVA, seizure
- Abdominal pain especially RUQ, epigastric pain
- Persistent nausea, vomiting
- SOB, pulmonary edema
- Measure BP

**Immediate OB Consult (<30 Min)* for:**
- Headache, visual complaints, altered mental status, CVA, seizure
- Abdominal pain especially RUQ, epigastric pain
- Persistent nausea, vomiting
- SOB, pulmonary edema
- Hypertensive emergency: SBP≥160 or DBP≥105-110
- Major Trauma

**OB Consult <60 min**
- SBP 140-159 or DBP 90-105
- Labs: CBC, AST, ALT, Urine dip for protein, UA, LDH & Uric acid
- Serial BP q1hr unless significant change in patient condition
- If patient’s BP increases to SBP≥160 or DBP≥105 then initiate anti-hypertensives and magnesium and notify OB of change in condition if not already present

**SBP≥160 OR DBP ≥105**
- HYPERTENSIVE EMERGENCY
  - Yes

**SBP 140-159 OR DBP 90-105**
- HYPERTENSION
  - Yes

**SBP<140 OR DBP<90**
- NORMAL BP
  - Yes

- Order LABS: CBC, AST, ALT, Urine dip for protein, UA, LDH & Uric acid
- Immediate OB Consult
- Initiate anti-hypertensives and magnesium immediately per treatment guidelines

**LABS**: CBC, AST, ALT, Urine dip for protein, UA, LDH & Uric acid
- Serial BP
- OB Consult
- Notify if changes
- NOTE: If patient’s BP increases to SBP≥160 or DBP≥105 then initiate anti-hypertensives and magnesium and notify OB of change in condition if not already present

Evaluation confirms diagnosis of Preeclampsia

Transfer to L&D and Communicate:
1. Susception of Preeclampsia
2. Symptoms
3. VS including BP
4. Any pertinent prenatal and past history

Consult OB for OB Medical Screening Exam in ED; initiate transfer to higher level of care as needed