Errata v 5/13/14

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

1st Line Anti-Hypertensive Treatment: Labetalol & Hydralazine*
Target BP: 140-160/90-100 (BP<140/90 = decreased fetal perfusion)
See CMQCC Preeclampsia Toolkit for "Antihypertensives in Preeclampsia" for 2nd line therapy

**LABETALOL as Primary Anti-Hypertensive**
1. Administer Labetalol 20 mg IV
2. Repeat BP in 10 min
   - If BP threshold is still exceeded, administer Labetalol 40 mg IV
   - If SBP<160 and DBP<100, continue to monitor closely
3. Repeat BP in 10 min
   - If BP threshold is still exceeded, administer Labetalol 80 mg IV
   - If SBP<160 and DBP<100, continue to monitor closely
4. Repeat BP in 10 min
   - If BP threshold is still exceeded, administer Labetalol 20 mg IV
   - If SBP<160 and DBP<100, continue to monitor closely
5. Repeat BP in 20 min; if BP threshold is still exceeded, obtain emergent consultation from maternal-fetal medicine, internal medicine, anesthesiology, or critical care
6. Once target BP achieved, monitor BP q10 min for 1 hour, q 15 min for 2nd hour

**HYDRAZINE as Primary Anti-Hypertensive**
1. Administer Hydralazine 5 or 10 mg IV
2. Repeat BP in 20 min
   - If BP threshold is still exceeded, administer Hydralazine 10 mg IV
   - If SBP<160 and DBP<100, continue to monitor closely
3. Repeat BP in 20 min
   - If BP threshold is still exceeded, administer Hydralazine 20 mg IV
   - If SBP<160 and DBP<100, continue to monitor closely
4. Repeat BP in 10 min
   - If BP threshold is still exceeded, administer Hydralazine 40 mg IV and obtain emergent consultation from maternal-fetal medicine, internal medicine, anesthesiology, or critical care
   - If SBP<160 and DBP<100, continue to monitor closely
5. Once target BP achieved, monitor BP q10 min for 1 hour, q 15 min for 2nd hour

**Magnesium**

**Initial Treatment**
1. Loading Dose: 4-6 gm over 15-20 min
2. Maintenance 1-2 gm/hr
3. Close observation for signs of toxicity
   - Disappearance of deep tendon reflexes
   - Decreased RR, shallow respirations, shortness of breath
   - Heart block, chest pain
   - Pulmonary edema

**If Patient Seizes While on Magnesium:**
1. Secure airway and maintain oxygenation
2. Give 2nd loading dose of 2 gm Magnesium over 5 min
3. If patient seizes after 2nd magnesium bolus, consider the following:
   - Midazolam 1-2 mg IV; may repeat in 5-10 min OR
   - Lorazepam 2 mg IV—may repeat OR
   - Diazepam 5-10 mg IV. May repeat q15 min to max of 30 mg
   - Phenytoin 1 g IV over 20 min

**Seizures Resolve**
1. Maintain airway and oxygenation
2. Monitor VS, cardiac rhythm/ECG for signs of medication toxicity
3. Consider brain imaging for:
   - Head trauma
   - Focal seizure
   - Focal neurologic findings
   - Other neurologic diagnosis is suspected

*Labetalol and Hydralazine recommendations based on 2011 ACOG Committee Opinion #514 and Practice Bulletin #33, Reaffirmed 2012