Appendix O: Eclampsia Algorithm

Patient Intervention

When seizure begins
1. Call for help
2. Position patient in a left lateral decubitus position, head of bed down
3. Prevent maternal injury, side rails up, pad as appropriate
4. Establish open airway, maintain breathing, and have suction available
5. Provide oxygen

When seizure ends
1. Check and treat blood pressure per protocol
2. Obtain IV access: 1 or 2 large-bore IV catheters as soon as possible
3. Start magnesium loading dose

Medical Intervention

Magnesium Sulfate 4-6* grams IV loading dose over 20-30 minutes; followed by a 1-2 gram/hour maintenance dose if renal function is normal
*BMI >35 requires a 6 gram loading dose and 2 grams per hour maintenance dose

If patient has a recurrent seizure, give additional 2-4 grams of magnesium sulfate over 5 minutes*

If patient has a recurrent seizure after 2nd loading dose of magnesium sulfate, administer one of the following and notify anesthesia

Medications
- Midazolam 1-2 mg IV; may repeat in 5-10 minutes OR
- Diazepam 5-10 mg IV slowly; may repeat q15 min to max of 30 mg OR
- Phenytoin 1,250 mg IV at a rate of 50 mg/minute
- Other medications have been used with the assistance of anesthesia providers such as:
  - Sodium thiopental
  - Sodium amobarbital
  - Propofol

Resolution

Resolution of seizure
1. Maintain magnesium sulfate infusion for at least 24-48 hours after the last seizure or after delivery, whichever is later
2. Assess for any signs of neurologic injury/focal 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

Discontinue therapy
For preeclampsia with severe features and eclampsia: 24-48 hours after delivery or after last seizure
NOTE: Administration beyond 24 hours may be indicated if the patient shows no signs of clinical improvement

*Monitor respiration and BP, EKG and signs of magnesium toxicity.

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