Appendix P: Sample Management of Eclampsia and Acute-Onset, Severe Hypertension

Call OB Rapid Response

Monitor maternal vital signs

Airway/breathing
- 100% O₂ via non-rebreather face mask + suction available
- Open airway: Jaw thrust/head tilt chin-lift
- If airway obstructed gently insert an oral airway (if able)
- If apneic, ventilate with an Ambu bag
- After airway control obtained turn to left lateral position + trendelenberg

Seizure Control
- If not on magnesium administer 6 g bolus IV (over 20 mins)
- If already on magnesium administer 2nd bolus dose of 2 g IV (over 3-5 mins)
- Magnesium maintenance dose 1-2 g/hr
- If seizure not terminated administer midazolam 2 mg IV (lorazepam 4 mg IV is an alternative)
- Anesthesiologist to consider small dose of propofol (e.g. 20-40 mg)
- If seizure continues consider intubation (modified RSI)

Seizure Control

Monitor FHR

OB and Anesthesia to discuss if/when delivery is required
- Try and avoid immediate delivery, allow time for FHR to return to baseline
- Deliver only for prolonged bradycardia after termination of seizure

Note: This is a SAMPLE developed by a particular facility and the content is NOT specifically endorsed by the HDP Task Force. The sample is provided as an example to work from. You may need to adjust based on the individual circumstances of your facility.