

Eclampsia Checklist

- ☐ Call for Assistance
- ☐ Designate:
 - ☐ Team leader
 - ☐ Checklist reader/recorder
 - ☐ Primary RN
- ☐ Ensure side rails up / padding is possible
- ☐ Take Vital Signs (VS)
- ☐ Protect airway and improve oxygenation:
 - ☐ Maternal pulse oximetry
 - ☐ Supplemental oxygen (100% non-rebreather)
 - ☐ Lateral decubitus position
 - ☐ Bag-mask ventilation available
 - ☐ Suction available
- ☐ Continuous fetal monitoring
- ☐ Place IV / Draw preeclampsia labs
- ☐ Administer magnesium sulfate
- ☐ Antihypertensive therapy within 1 hour for persistent severe range BP (see Hypertensive Emergency Checklist)
- ☐ Develop delivery plan, if appropriate
- ☐ Antenatal corticosteroids (if indicated)
- ☐ Place indwelling urinary catheter
- ☐ Brain imaging if indicated
- ☐ Debrief patient, family, and obstetric team

Anticonvulsant Medications
Magnesium Sulfate <i>Contraindications: myasthenia gravis; avoid with pulmonary edema, use caution with renal failure</i>
IV access: ☐ Load 4-6 grams 10% magnesium sulfate in 100 mL solution over 20 min ☐ Label magnesium sulfate ☐ Connect to labeled infusion pump ☐ Maintenance 1-2 grams/hour No IV access: ☐ 10 grams of 50% solution IM (5 g in each buttock)
Recurrent seizures
☐ Magnesium sulfate (re-bolus): 2 grams over 3-5 minutes ☐ Lorazepam (Ativan): 2-4 mg IV x 1, may repeat once after 10-15 min ☐ Diazepam (Valium): 5-10 mg IV q 5-10 min to maximum dose of 30 mg ☐ Midazolam (IV or IM when IV access is not available): 10 mg IM or 0.2 mg/Kg once (maximum dose: 10 mg)
For Persistent Seizures
☐ Neuromuscular block and intubate ☐ Obtain radiographic imaging ☐ ICU admission ☐ Anticonvulsant medications ☐ Additional work-up
Guidance on Head Imaging
▪ Patients with seizures who do not fit the diagnosis of preeclampsia ▪ Persistent neurologic deficit ▪ Prolonged loss of consciousness ▪ Onset of seizures > 48 hours after giving birth ▪ Onset of seizures < 20 weeks ▪ Seizures despite magnesium therapy