

Emergency Department Postpartum Preeclampsia Checklist

If Patient < 6 Weeks Postpartum with BP $\geq$ 160/110
or BP $\geq$ 140/90 with unremitting headache, visual disturbances, epigastric pain

- ☐ **Call for Assistance**
- ☐ **Designate:**
 - ☐ Team leader
 - ☐ Checklist reader/recorder
 - ☐ Primary RN
- ☐ **Call obstetric consult, Document call**
- ☐ **Place IV; Draw preeclampsia labs:**
 - ☐ CBC
 - ☐ Chemistry Panel
 - ☐ PT
 - ☐ Uric Acid
 - ☐ PTT
 - ☐ Hepatic Function
 - ☐ Fibrinogen
 - ☐ Type and Screen
- ☐ **Administer seizure prophylaxis**
- ☐ **Administer anti-hypertensive therapy**
- ☐ **Contact MFM or Critical Care for refractory blood pressure**
- ☐ **Consider indwelling urinary catheter**
(maintain strict I&O, patient at risk for pulmonary edema)
- ☐ **Brain imaging if unremitting headache or neurological symptoms**

Magnesium Sulfate

Contraindications: myasthenia gravis; avoid with pulmonary edema, use caution with renal failure

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)

If contra-indicated:

Kepra: 500 mg IV or orally, may repeat in 12 hours. Dose adjustment needed if renal impairment

Antihypertensive Medications (see table)

Labetalol

- Maximum cumulative IV dose in 24 hours: 300 mg
- Hold IV labetalol for maternal pulse under 60
- Avoid parenteral labetalol with active asthma, heart disease, or congestive heart failure
- Use with caution with history of asthma

Active asthma is defined as symptoms at least:

- Once a week, or
- Use of an inhaler, corticosteroids for asthma during the pregnancy, or
- Any history of intubation or hospitalization for asthma.

Hydralazine

- Maximum cumulative IV dose in 24 hours: 20 mg
- May increase risk of maternal hypotension

Oral Nifedipine (immediate-release)

- Maximum daily dose: 180 mg
- Capsules should be administered orally, not punctured or otherwise administered sublingually

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

PROTOCOLS FOR THE TREATMENT OF SEVERE HYPERTENSION <i>SBP ≥ 160 mm Hg or DBP ≥ 110 mm Hg and persistent for 15 minutes</i>							
Time (min)	0	10	20	30	40	50	60
LABETALOL (IV)	20 mg IV	SBP ≥ 160 or DBP ≥ 110 40 mg IV	SBP ≥ 160 or DBP ≥ 110 80 mg IV	SBP ≥ 160 or DBP ≥ 110 10 mg IV HYDRALAZINE		SBP ≥ 160 or DBP ≥ 110 CONSULT AND TREAT	

Time (min)	0	10	20	30	40	50	60
HYDRALAZINE (IV)	5-10 mg IV		SBP ≥ 160 or DBP ≥ 110 10 mg IV		SBP ≥ 160 or DBP ≥ 110 20 mg IV LABETALOL	SBP ≥ 160 or DBP ≥ 110 40 mg IV LABETALOL CONSULT AND TREAT	

Time (min)	0	10	20	30	40	50	60
NIFEDIPINE (PO)	10 mg PO		SBP ≥ 160 or DBP ≥ 110 20 mg PO		SBP ≥ 160 or DBP ≥ 110 20 mg PO		SBP ≥ 160 or DBP ≥ 110 20 mg IV LABETALOL CONSULT AND TREAT

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