



Treatment Protocol

4701

Policy: Pre-Eclampsia and Eclampsia	Effective April 1, 2018	Expires March 31, 2019
	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed

Enter from the Universal Patient Treatment Protocol
For specific Emergency Stabilization, Patient Disposition or Patient Management of Pre-Eclampsia and Eclampsia

P	E	A	P
S	M	E	M
P	T	M	M

Pertinent Findings

Environment <i>No prenatal care</i> <i>Limited prenatal care</i> <i>Obesity</i> <i>Less than 20 years of age</i> <i>Over 35 years of age</i>	History <i>First or multiple pregnancies</i> <i>Conception with a new partner</i> <i>Multi-fetal pregnancy</i> <i>From 20 weeks gestation thru four weeks postpartum</i> <i>Diabetes, kidney disease, HTN</i> <i>Family history of pre-eclampsia</i> <i>Gravida (pregnancies)</i> <i>Para (viable births)</i> <i>Abortus (lost pregnancies)</i> <i>LMP (last menstrual period)</i> <i>EDC (estimated date of confinement: first day of LMP + 280 days)</i> <i>Prenatal care and findings</i> <i>Diagnosis of gestational diabetes</i> <i>Diagnosis of pre-eclampsia</i>	Physical <i>Malaise</i> <i>Abdominal and/or back pain</i> <i>Nausea and vomiting</i> <i>Decreased urine output</i> <i>Hypoglycemia</i> <i>Headache, vertigo, visual disturbance</i> <i>Focal neurological deficits</i> <i>Sudden water retention/weight gain</i> <i>Peripheral and/or pitting edema</i> <i>Hypertension</i> <i>Pulmonary edema</i> <i>Hyperreflexia, clonus, seizure, coma</i>	Differential <i>Normal pregnancy</i> <i>Placenta abruptio</i> <i>Ruptured liver</i> <i>Hypoglycemia</i> <i>Chronic HTN</i> <i>Stroke</i> <i>Known seizure disorder</i> <i>HELLP Syndrome</i> <i>Hemolysis, Elevated Liver Enzymes, Low Platelet Count</i> <i>DIC</i>
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Emergency Stabilization or Patient Management

Decrease stimuli and maintain a quiet, dark environment	P	E	A	P
Place patient in left lateral recumbent position	S	M	E	M
Obtain and evaluate blood glucose when AEMT or paramedic is present		E	A	P
Magnesium Sulfate 50% IV/IO bolus drip in 50 mL Normal Saline over 10 minutes; or IM divided dose For suspected pre-eclampsia (may be given prophylactically) or eclampsia See the REMSA Calculation Chart for concentration, and patient specific dosage and volume <u>Repetition requires a base hospital order (BHO)</u>				P

B

B

Emergency Stabilization or Patient Management *(continued)*

Contact a single REMSA authorized base hospital (BH) in all cases of pre-eclampsia or eclampsia

E M T	A E M T	P M
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Return to Universal Patient Treatment Protocol
For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management

P S P	E M T	A E M T	P M
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******* Base Hospital Orders *******

Initiate, repeat, or modify standing orders within scope of practice
As ordered
For suspected pre-eclampsia or eclampsia

E M T	A E M T	P M
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Midazolam (may substitute Lorazepam or Diazepam)
As ordered
For eclampsia unresponsive to Magnesium Sulfate 50%

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Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination
As ordered
Mode of transport is an operational decision

E M T	A E M T	P M
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