

# Postpartum Preeclampsia Checklist

EMERGENCY DEPARTMENT

## TRIAGE PATIENTS LESS THAN 6 WEEKS POSTPARTUM AS FOLLOWS:

- Core evaluation and assessment
- If BP  $\geq$  160/110 or 140/90 with:
  - Unremitting headaches
  - Visual disturbance
  - Epigastric pain
- Begin stabilization
- Call for Obstetric consult immediately
- OBS contact documented
- Call MFM/MICU consult immediately for refractory blood pressure
- Labs should include:
  - CBC
  - PT
  - PTT
  - Fibrinogen
  - CMP
  - Uric Acid
  - Hepatic function panel
  - Type and Screen
- Initiate Intravenous Access
- Assess neurologic status
  - LOC/arousal/orientation/behavior
  - Deep tendon reflexes
  - Speech
- Assess vital signs including oxygen saturation
- Assess complaints and report; unremitting headaches, epigastric pain, visual disturbances, speech difficulties, lateralizing neuro signs
- Place Foley catheter
- Strict I&O report output less than 30 ml/hr for 2 hours
- Plan brain imaging studies if:
  - Unremitting headache
  - Focal signs and symptoms
  - Uncontrolled high blood pressure
  - Lethargy
  - Confusion
  - Seizures
  - Abnormal neurologic examination

## INITIAL MEDICATIONS

- Load 4-6 grams 10% magnesium sulfate in 100 ml solution IV over 20 minutes
- Magnesium sulfate on infusion pump
- Magnesium sulfate and pump labeled
- Magnesium sulfate 10 grams of 50% solution IM (5 grams in each buttock) if no IV access
- Magnesium sulfate maintenance 1-2 grams/hour continuous infusion

**Contraindications:** pulmonary edema, renal failure, myasthenia gravis

**If magnesium sulfate is contraindicated:**  
Keppra 500 mg PO or IV every 12 hours

## ANTIHYPERTENSIVE MEDICATIONS

- **Labetalol** (20, 40, 80, 80 mg IV\* over 2 minutes, escalating doses, repeat every 10 minutes or 200 mg orally if no IV access); avoid in asthma or heart failure, can cause neonatal bradycardia
- **Hydralazine** (5-10 mg IV\* over 2 minutes, repeat in 20 minutes until target blood pressure is reached)
- Repeat blood pressure every 10 minutes during administration

\* Maximum cumulative IV administered doses should not exceed 25 mg hydralazine; 220 mg labetalol in 24 hours.