EXAMPLE

EMERGENCY DEPARTMENT

Postpartum Preeclampsia Checklist

IF PATIENT < 6 WEEKS POSTPARTUM WITH:

- BP ≥ 160/110 or
- BP ≥ 140/90 with unremitting headache, visual disturbances, epigastric pain

☐ Call for Assistance

☐ Designate:
- ○ Team leader
- ○ Checklist reader/recorder
- ○ Primary RN

☐ Ensure side rails up

☐ Call obstetric consult; Document call

☐ Place IV; Draw preeclampsia labs

○ CBC	○ Chemistry Panel
○ PT	○ Uric Acid
○ PTT	○ Hepatic Function
○ Fibrinogen	○ Type and Screen

☐ Ensure medications appropriate given patient history

☐ Administer seizure prophylaxis

☐ Administer antihypertensive 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

[†] "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.

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

☐ Magnesium sulfate maintenance 1-2 grams/hour

No IV access:

☐ 10 grams of 50% solution IM (5 g in each buttock)

Antihypertensive Medications

For SBP ≥ 160 or DBP ≥ 110
(See SMI algorithms for complete management when necessary to move to another agent after 2 doses.)

☐ **Labetalol** (initial dose: 20mg); **Avoid parenteral labetalol with active asthma, heart disease, or congestive heart failure; use with caution with history of asthma**

☐ **Hydralazine** (5-10 mg IV* over 2 min); **May increase risk of maternal hypotension**

☐ **Oral Nifedipine** (10 mg capsules); Capsules should be administered orally, not punctured or otherwise administered sublingually

** Maximum cumulative IV-administered doses should not exceed 220 mg labetalol or 25 mg hydralazine in 24 hours*

Note: *If first line agents unsuccessful, emergency consult with specialist (MFM, internal medicine, OB anesthesiology, critical care) is recommended*

Anticonvulsant Medications

For recurrent seizures or when magnesium sulfate contraindicated

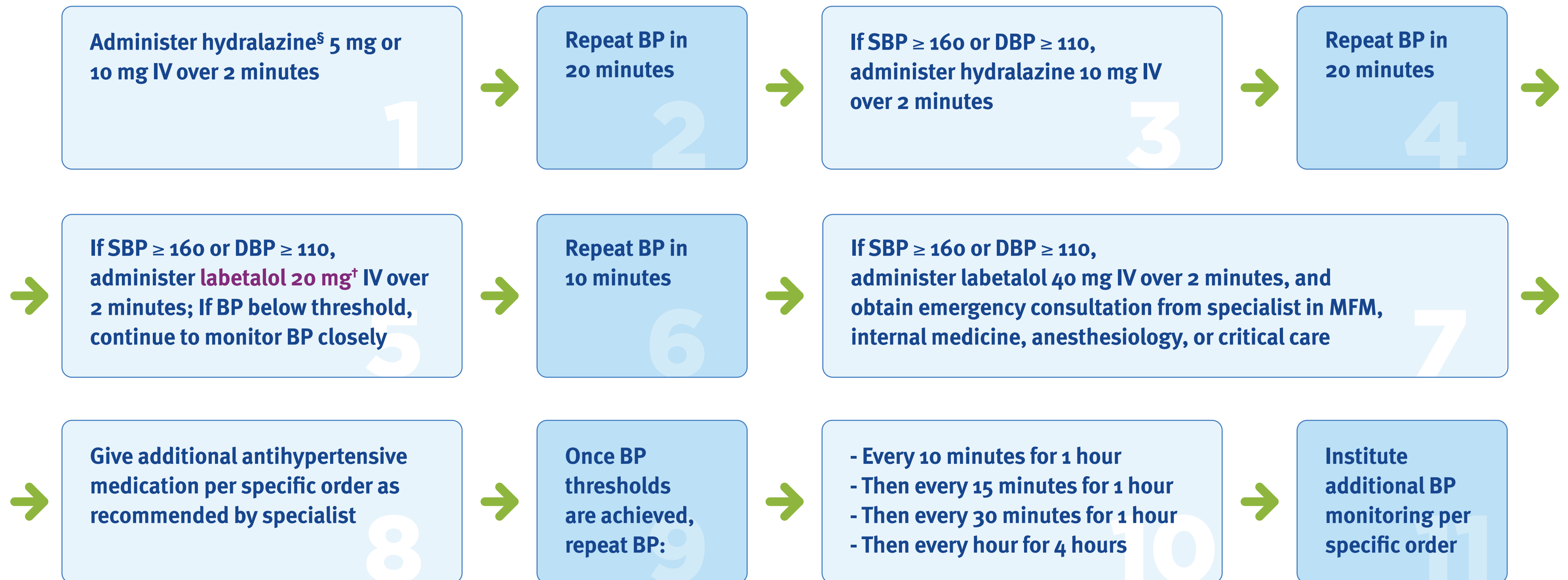
☐ **Lorazepam (Ativan)**: 2-4 mg IV x 1, may repeat once after 10-15 min

☐ **Diazepam (Valium)**: 5-10 mg IV q 5-10 min

Hydralazine Algorithm

EXAMPLE

Trigger: If severe elevations (SBP ≥160 or DBP ≥ 110) persist* for 15 min or more **OR** If two severe elevations are obtained within 15 min and tx is clinically indicated



- Notify provider after one severe BP value is obtained
- Institute fetal surveillance if viable
- Hold IV labetalol for maternal pulse under 60
- There may be adverse effects and contraindications.
- Clinical judgement should prevail.

* Two severe readings more than 15 minutes and less than 60 minutes apart

[†] **Avoid parenteral labetalol with active[‡] asthma, heart disease, or congestive heart failure; use with caution with history of asthma. May cause neonatal bradycardia.**

[‡] "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 may increase risk of maternal hypotension.

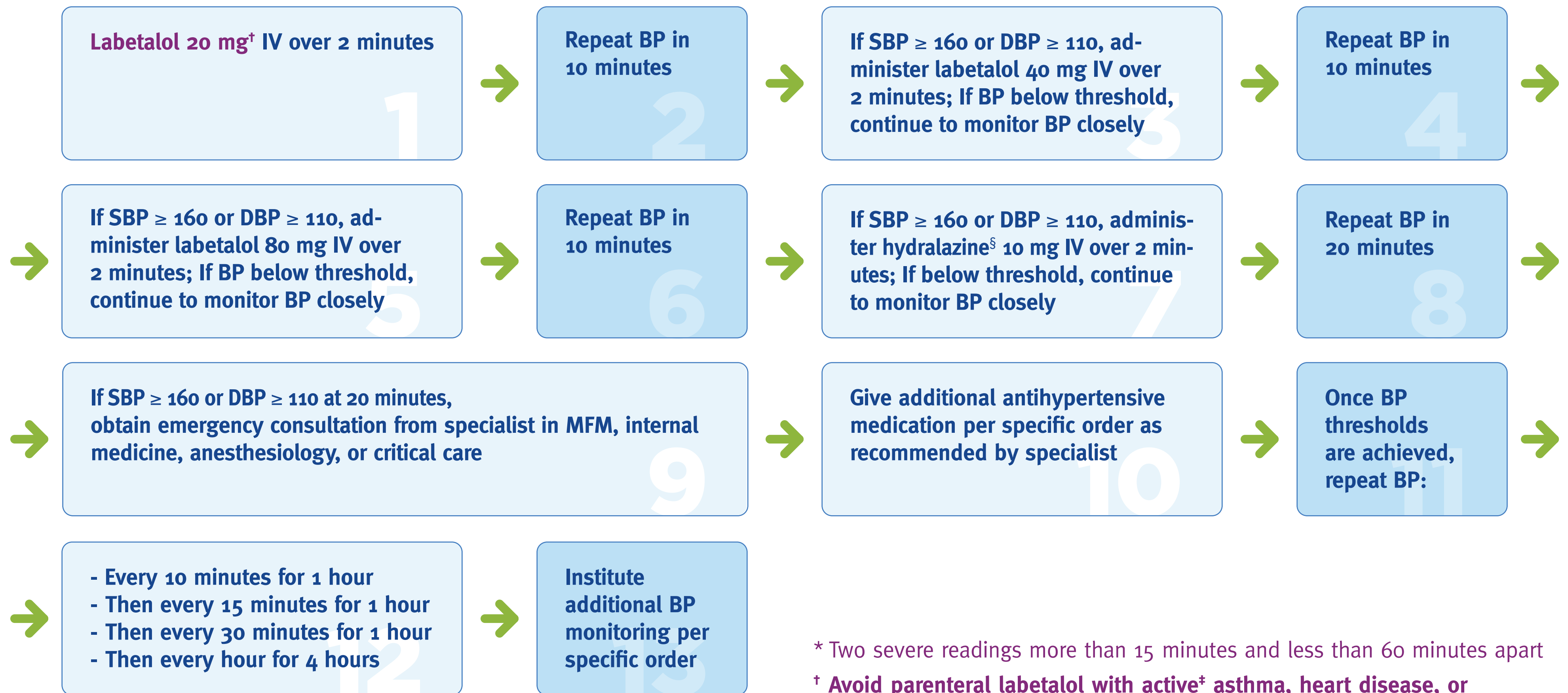
ACOG
The American College of Obstetricians and Gynecologists
District II

Revised February 2020

Labetalol Algorithm

EXAMPLE

Trigger: If severe elevations (SBP ≥160 or DBP ≥ 110) persist* for 15 min or more **OR** If two severe elevations are obtained within 15 min and tx is clinically indicated



- Notify provider after one severe BP value is obtained
- Institute fetal surveillance if viable
- Hold IV labetalol for maternal pulse under 60
- Maximum cumulative IV-administered dose of labetalol should not exceed 300 mg in 24 hours
- There may be adverse effects and contraindications. Clinical judgement should prevail.

* Two severe readings more than 15 minutes and less than 60 minutes apart

† **Avoid parenteral labetalol with active‡ asthma, heart disease, or congestive heart failure; use with caution with history of asthma. May cause neonatal bradycardia.**

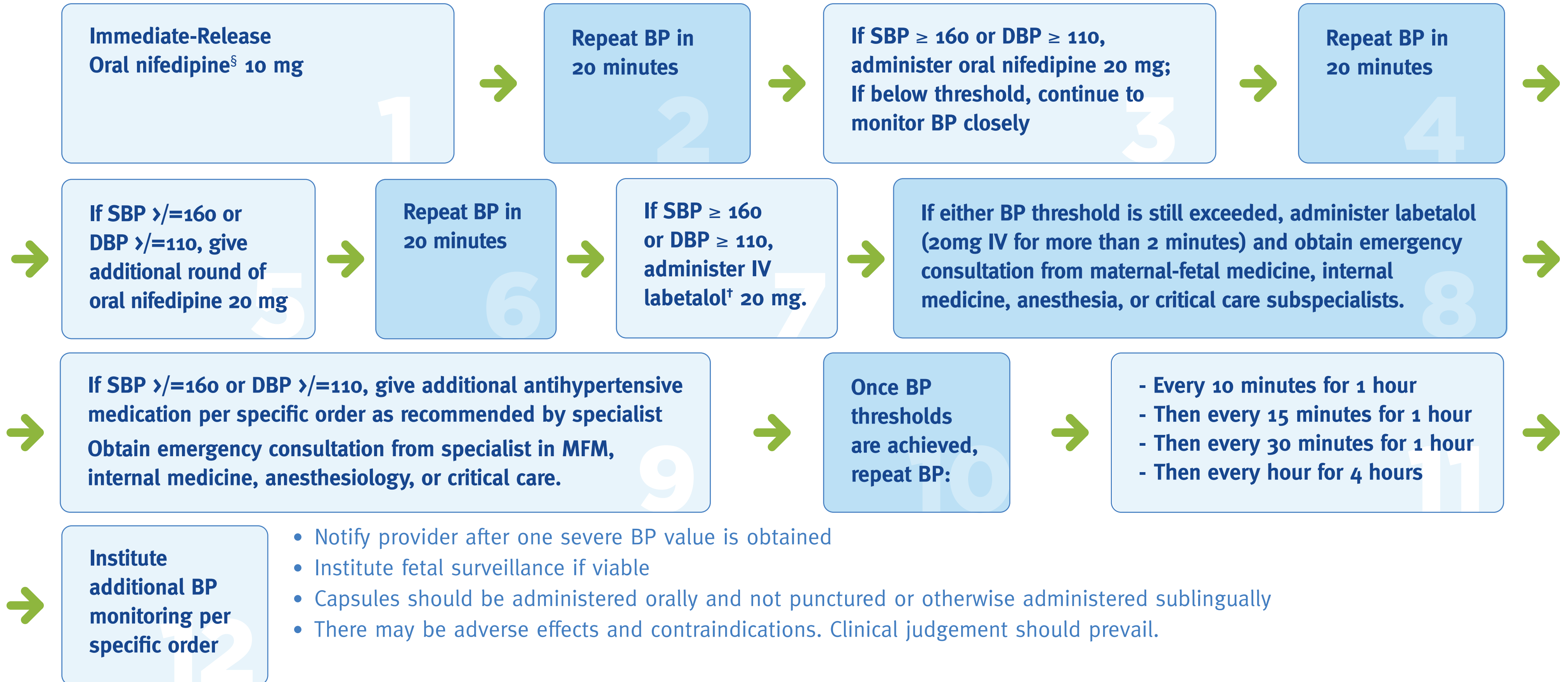
‡ "Active asthma" is defined as:
Ⓐ symptoms at least once a week, or
Ⓑ use of an inhaler, corticosteroids for asthma during the pregnancy, or
Ⓒ any history of intubation or hospitalization for asthma.

§ Hydralazine may increase risk of maternal hypotension.

Immediate-Release Oral Nifedipine Algorithm

EXAMPLE

Trigger: If severe elevations (SBP ≥160 or DBP ≥ 110) persist* for 15 min or more **OR** If two severe elevations are obtained within 15 min and tx is clinically indicated



- Notify provider after one severe BP value is obtained
- Institute fetal surveillance if viable
- Capsules should be administered orally and not punctured or otherwise administered sublingually
- There may be adverse effects and contraindications. Clinical judgement should prevail.

* Two severe readings more than 15 minutes and less than 60 minutes apart

§ Immediate-release oral nifedipine has been associated with an increase in maternal heart rate and may overshoot hypotension.

† Avoid parenteral labetalol with active‡ asthma, heart disease, or congestive heart failure; use with caution with history of asthma. May cause neonatal bradycardia.

‡ "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.

Safe Motherhood Initiative

ACOG
The American College of Obstetricians and Gynecologists
District II

Revised February 2020