Management of eclampsia

### Loading dose Magnesium Sulfate
- 4 g IV over 20 minutes via controlled infusion device

### If seizures occur/ongoing while preparing Magnesium Sulfate
- Diazepam 5–10 mg IV at a rate of 2–5 mg/minute (maximum dose of 10 mg)
- Clonazepam 1–2 mg IV over 2–5 minutes
- Midazolam 5–10 mg IV over 2–5 minutes or IM

### Maintenance dose Magnesium Sulfate
- 1 g per hour IV via controlled infusion device for 24 hours after birth
- Then review requirement

### If seizures reoccur while receiving Magnesium Sulfate
- Magnesium Sulfate 2 g IV over 5 minutes
  - May be repeated after 2 minutes
- Diazepam 5–10 mg IV at a rate of 2–5 mg/minute (maximum dose of 10 mg)
- Midazolam 5–10 mg IV over 2–5 minutes or IM
- Clonazepam 1–2 mg IV over 2–5 minutes

### If impaired renal function
- Reduce maintenance dose to 0.5 g/hour
- Consider serum monitoring

### Monitor
- BP and pulse every 5 minutes until stable then every 30 minutes
- Respiratory rate and patellar reflexes hourly
- Temperature 2nd hourly
- Continuous CTG monitoring if > 24 weeks (interpret with caution if < 28 weeks)
- Measure urine output hourly via IDC
- Strict fluid balance monitoring
- Check serum magnesium if toxicity is suspected on clinical grounds
- Therapeutic serum magnesium level 1.7–3.5 mmol/L

### Stop infusion
- Review management with consultant if:
  - Urine output < 80 mL in 4 hours
  - Deep tendon reflexes are absent or
  - Respiratory rate < 12 breaths/minute

### Antidote
- 10% Calcium Gluconate 10 mL IV over 5 minutes

### Resuscitate
- D – Dangers
- R – Response
- S – Send for Help
- A – Airway
- B – Breathing
- C – Compressions
- D – Defibrillation

### Control Seizures

### Control Hypertension

### Follow resuscitation principles
- Treat hypertension
  - If: sBP ≥ 160 mmHg or dBP ≥ 100 mmHg
  - Aim to reduce sBP to 130–150 mmHg and dBP to 80–100 mmHg
  - Avoid maternal hypotension
  - Monitor FHR with continuous CTG
  - Choice of antihypertensive drug as per local preferences/protocols

### Nifedipine
- 10–20 mg conventional release tablet oral, repeat after 45 minutes
- Maximum dose 80 mg

### Hydralazine
- 5–10 mg IV over 3–10 minutes
- Repeated doses 5 mg IV every 20 minutes if required
- Maximum dose 30 mg
- Infusion may be required
- May require plasma expansion

### Labetalol
- Initially 20 mg IV bolus over 2 minutes
- Repeated doses 40–80 mg IV every 10 minutes to maximum of 300 mg if required
- Infusion may be required

### Diazoxide
- 15–45 mg IV rapid bolus
- Repeat after 5 minutes if required
- Maximum 150 mg/dose
- Monitor BGL

### Birth
- Plan birth as soon as feasible
- Continue close fetal monitoring
- Stabilise the mother prior to birth
- Ergometrine should NOT be used in severe preeclampsia or eclampsia
- Consider VTE prophylaxis

### Investigations
- Full blood count and platelets
- Urea and electrolytes
- Liver Function Tests/LDH
- Coagulation screen
- Group and hold serum


Queensland Clinical Guidelines