## HYPERTENSIVE DISORDERS OF PREGNANCY

#: SO-O-10 Page: 1 of 2 Date: 8/96

Revised: 9/13/2021

Findings suspicious for hypertensive disorders of pregnancy, including pre-eclampsia, are systolic BP  $\geq$  140 mm Hg, diastolic BP  $\geq$  90 mm Hg; or edema (generalized) of the face or hands. For suspected pregnancy related hypertension, the following ALS standing orders apply:

## **ALS STANDING ORDERS:**

- 1. Place in and transport in left lateral position.
- 2. ALS escort and contact Base Hospital to determine destination for OB capable ERC.
- 3. Pulse oximetry and, if available, waveform capnography. If oxygen saturation less than 95%, administer:
  - ▶ High-flow Oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.

If end tidal CO<sub>2</sub> equals 50 or more:

- Assist ventilation with BVM.
- 4. For seizure activity:
  - Turn to left side, protect airway and suction when necessary.
  - Midazolam 10 mg IM one time (preferred route). Administer firstbefore starting IV/IO.
  - ► Midazolam 5 mg IV/IN/IO if not able to deliver IM dose or if IV/IO already present, may repeat 5 mg IV/IN/IO once for continued or recurrent seizure activity approximately 3 minutes after initial dose.

Approved: (and Schult Mit

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## TREATMENT GUIDELINES:

- High blood pressure in a pregnant patient over 20 weeks gestation may be the result of preeclampsia. Pre-eclampsia, which can lead to seizures, is a medical emergency, and all pregnant patients with suspected pre-eclampsia should be transported to an ERC with OB capability.
- Severe pre-eclampsia is manifested by systolic BP ≥ 160 mm Hg, diastolic BP ≥ 110 mm Hg; decreased urine output; persistent headache, visual disturbances; epigastric pain; pulmonary edema, or cyanosis.
- Eclampsia is manifested by generalized seizures or coma (in addition to symptoms/signs above).
- Pregnancy related hypertension and seizures can occur up to a month post-partum.

Approved: Carl Shulk Ma.