



**Notes/Definitions**

- **Pre-eclampsia:** Pregnant or postpartum patient (> 20 weeks gestation) with SBP > 160 mmHg or DBP > 110 mmHg, or suspected pregnancy related hypertension with persistent headache, visual disturbance, epigastric or right upper quadrant pain, pulmonary edema, cyanosis, altered mental status, or seizure activity.
- **Eclampsia:** New onset generalized or focal seizure occurring during pregnancy or within 6 weeks postpartum that is not attributable to another known cause.

**Base Hospital Contact Required**

**BLS Interventions**

- Refer to OCEMS BLS Standing Orders SO-B-001.
- Place pregnant patient in left lateral position when possible to relieve uterine pressure on the aorta.
- If supine positioning is required, manually displace the uterus to the left.

**ALS Interventions**

- Establish IV.
- Cardiac monitoring.
- Obtain blood glucose. If glucose  $\leq 60$ , treat per M-010 (Diabetic Emergencies).
- If BP > 160 or DBP > 100 with symptoms listed above, make **Base Hospital contact** and administer:
  - ▶ **Magnesium Sulfate 4 grams / 100 ml NS IV** at rate of 15–20 minutes.
  - \*Caution: rapid infusion of Magnesium can cause respiratory depression.
- **OR**
  - ▶ **Magnesium Sulfate 10 grams IM**, divided into 5 grams in each gluteal muscle.
- Monitor for signs of Magnesium toxicity. If present, stop infusion, provide supportive care as indicated and **contact Base Hospital**.
- For eclamptic seizures unresponsive to Magnesium Sulfate, administer:
  - ▶ **Midazolam 10 mg IM** – once (preferred route)
  - ▶ **Midazolam 5 mg IV / IN / IO** – if unable to deliver IM; may repeat once after 3 minutes
- Re-assess blood pressure at least every 15 minutes after seizure resolves or medication has been given.

**Transport Considerations**

- Determine from patient or family if prenatal care has been provided by an obstetrician and if there is a preferred OB receiving hospital and notify **Base Hospital**.
- ALS escort to nearest appropriate OB Receiving Center as directed by the **Base Hospital**.



### Additional Considerations

- Eclampsia is a time-critical emergency that is characterized by tonic-clonic, focal or multifocal seizures in the absence of other conditions.
- Preeclampsia and Eclampsia may occur up to 6 weeks post-delivery
- Magnesium sulfate is the preferred first-line treatment for eclamptic seizures.
- Do not delay transport solely to complete medication administration.
- An IO should not be placed to administer Magnesium.
- Midazolam should not be considered first-line therapy unless magnesium sulfate is unavailable or seizure activity persists despite magnesium administration.
- Signs of magnesium toxicity include respiratory depression, bradycardia, hypotension, decreased mental status and loss of reflexes.
- Document pregnancy status, gestational age if known, blood pressure trends, pulse oximetry, neurologic findings, seizure duration, and medication administration details.
- If imminent childbirth anticipated in field, refer to OCEMS Procedure B-060.

### Base Hospital

- Consult the Base Hospital Physician for additional doses of Magnesium Sulfate for recurrent seizure activity.
- Choosing the patient's preferred OB receiving hospital is preferred unless patient's status warrants the need to go to the nearest OB receiving hospital.

#### Cross References:

SO-B-001 BLS Standing Orders

Procedure B-060 Imminent Childbirth In the Field

SO-M-020 Altered Mental Status

SO-M-040 Seizure / Convulsion - Adult / Adolescent

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