


Section: OB/GYN Emergencies
Subject: GESTATIONAL HYPERTENSION EMERGENCIES (PRE-ECLAMPSIA, ECLAMPSIA, AND HELLP SYNDROME)
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1. Basic ALS treatments
2. High-flow oxygen via NRBM and airway control
3. Specific treatments:¹
 - a. Have the mother lay on her left side.
 - b. If delivery is not imminent:
 - i. Transport immediately to an obstetrical capable hospital.
 - ii. Minimize noise and other external factors that may increase the patient's anxiety level.
 - iii. Keep the patient calm, and if possible, keep lighting low.
 - c. If delivery is imminent, proceed with the delivery.
 - d. For SBP greater than 160 mmHg or diastolic BP above 105 mmHg:
 - i. **Magnesium sulfate** two (2.0) grams IV slow over 20 minutes.
 - e. For seizures (eclampsia)
 - i. **Magnesium sulfate** five (5.0) grams IV over 10-15 minutes.
4. QA Points:
 - a. Eclampsia complicates 1 in 1000 deliveries in the United States.
 - b. HELLP syndrome is a variant of pre-eclampsia that consists of hemolysis, elevated liver enzymes, and low platelets, and cannot be diagnosed in the EMS setting.

¹ Committee ACOG: on Practice Bulletins—Obstetrics: ACOG practice bulletin. Diagnosis and management of preeclampsia and eclampsia. Number 33, January 2002. *Obstet Gynecol* 2002; 99:159-167.