


Section: BLS OB/GYN Emergencies
Subject: BLS GESTATIONAL HYPERTENSION EMERGENCIES (PRE-ECLAMPSIA, ECLAMPSIA,
AND HELLP SYNDROME)
Section #: 322.05
Issue Date: March 21, 2011
Revision Date:
Approved By: 

Page 1 of 1

Michael Lozano, Jr., M.D., HCFR Medical Director

1. Basic BLS treatments
2. High-flow **oxygen** via NRBM and airway control
3. If delivery is not imminent:
 - a. Transport immediately to an obstetrical capable hospital.
 - b. Have the mother lay on her left side.
 - c. Keep the patient clam, and if possible, keep lighting low.
 - d. Minimize noise and other external factors that may increase the patient's anxiety level.
4. If delivery is imminent, proceed with the delivery.
5. ALS transport criteria:
 - a. ALL cases of suspected pre-eclampsia or eclampsia are ALS.
 - b. ALL pregnancies in which the mother has been determined by a physician to be pre-eclamptic will be transported via ALS.
 - c. Any pregnancy with associated hypertension or visual disturbances will be transported via ALS.
6. QA Points:
 - a. HELLP Syndrome – A syndrome featuring a combination of “H” for hemolysis (breakage of red blood cells), “EL” for elevated liver enzymes, and “LP” for low platelet count (an essential blood clotting element).
 - b. The HELLP syndrome is a recognized complication of preeclampsia and eclampsia (toxemia) of pregnancy, occurring in 25% of these pregnancies.