c. Previous history of hypertension or known pre-eclampsia

2. Monitoring
   a. Vital signs including repeat blood pressures every 10 min
3. Secondary survey pertinent to obstetric issues:
   a. Constitutional: vital signs, skin color
   b. Abdomen: distension, tenderness, uterine rigidity
   c. Genitourinary: visible bleeding
   d. Neurologic: mental status, focal deficits

Treatment and Interventions

1. Severe hypertension (SBP *greater than* 160 or DBP *greater than* 110) lasting more than 15 min with associated preeclampsia symptoms
   a. Severely elevated blood pressures must be treated to reduce the risk of maternal stroke
   b. However, goal blood pressure should be roughly 140/90 to maintain uterine perfusion and to keep fetus well-oxygenated
   c. Goal BP is approximately 140/90 to reduce stroke risk but maintain uterine perfusion
      i. Labetalol 20 mg IV over 2 minutes
         1. May repeat every 10 minutes X 2 doses for persistent severe hypertension with preeclampsia symptoms
         2. Goal is to reduce MAP by 20–25% initially
         3. Ensure that HR is *greater than* 60 BPM prior to administration

      OR

      ii. Hydralazine 5 mg IV
         1. May repeat 10 mg after 20 minutes for persistent severe hypertension with preeclampsia symptoms
         2. Goal is to reduce MAP by 20–25% initially

      OR

      iii. Nifedipine 10 mg immediate release PO
         1. May repeat 10–20 mg by mouth every 20 minutes X 2 doses for persistent severe hypertension with pre-eclampsia symptoms
         2. Goal is to reduce MAP by 20–25% initially
   d. Magnesium sulfate: 4 g IV over 5–10 min, followed by 2 g/hr
   e. Reassess vital signs every 10 minutes during transport
2. Seizure prophylaxis and seizure management, associated with pregnancy greater than 20-weeks gestation
   a. Magnesium sulfate
      i. Seizure prophylaxis: 4 g IV over 20–30 minutes, followed by 2 g/hr IV if available
      ii. Seizure Management: 6 g IV over 5–10 minutes or 8 g IM (4 grams in each buttock) to prevent seizure
   b. Benzodiazepine, per Seizures Guideline, for active seizure not responding to magnesium. **Caution: respiratory depression**
3. IV fluids:
   a. NS or LR – keep continuous infusion with maximum rate of fluids to 80 mL/hr
4. Administer high flow oxygen as indicated
5. Disposition
   a. Transport emergently to closest appropriate receiving facility – notify en route if possible so the receiving team can prepare