

Pregnancy Induced Hypertension

- ABCs
- See High Risk OB Protocol

Administer anti-epileptics and anti-hypertensives
consult with medical control as needed ① ②

Monitor Status:
Vital signs, LOC, DTR's, Clonus, FHT's, and Uterine
Activity q 15 minutes or more often prn.

Remove rings, watch and other constricting items.

Observe for signs and symptoms of an impending seizure:
tachycardia, hypertension, tremor, hyperreflexia,
restlessness, headache, blurred vision or photophobia.

Seizure
activity
?

Yes

- Maintain airway
- Place patient on side
- Protect patient from injury
- Note time, duration and type of seizure

See Seizure in Pregnancy Protocol

Following Seizure monitor:
* Maternal VS and LOC
* Fetal heart tones and uterine activity

No

Transport maintaining calm/ quiet environment
Closely monitor for changes in status

1. Antiepileptic:

- * Magnesium Sulfate 6 gram IV bolus over 30 minutes then continuous infusion of 2-4 grams per hour. See Magnesium Protocol and/or
- * Valium 10 mg IM once. or Valium 5 – 10 mg IV given at a rate no faster than 2 mg / minute. and/ or
- * Ativan 2 -4 mg IV over 1 minute.

2. Antihypertensives:

- * Hydralazine Hydrochloride 5 – 10 mg IV over 1 minute q 20 minutes. Check BP q 5 minutes. and/or
- * Labetolol 10 – 20 mg over 2 minutes. Repeat dose is 20 mg q 20 minutes. Maximum dose is 300 mg/day.