

### Antihypertensive agents in Preeclampsia

Treated sustained SBP>160 and/or dbp> 110 (sustained = BP confirmed > 15 minutes)

\***Labetalol**: effects seen within 1 – 2 minutes

(max. effect 5 – 10 minutes)

- Give 20 mg IV slow IVP, repeat BP 10 minutes
- If BP > 160/110, give 40 mg IV slow IVP, repeat in 10 minutes
- If BP > 160/110, give 80 mg IV slow IVP and repeat BP in 10 minutes (up to total 3 doses every 10 minutes)

Maximum IV dose Labetalol= **300 mg in 24 hours**

Patient must be on continuous pulse ox. for minimum 1 hour after IV Labetalol

**Hydralazine**: Effects seen within 5 – 50 minutes (maximum effects 20 – 30 minutes)

- Give 5 – 10 mg IV slow IVP q 20 minutes

Maximum IV DOSE Hydralazine = **25 mg in 24 hours**

\***Nifedipine**: effects seen within 10 minutes (max. effects 60 minutes)

- 10 mg PO every 20 minutes (option if patient has no IV access)

**Maximum 60 mg PO**

If no response to initial agent → switch agents!

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### Treatment of Eclampsia

#### **CALL FOR HELP**

Call for HELP, turn patient to a lateral position, establish IV access, monitor vitals & O2 Sat, maintain airway, administer O2 and suction prn

#### **Magnesium Sulfate**

- **If not on magnesium, run loading dose 4 – 6 g IV over 20 minutes and then 2 g per hour maintenance** (if normal renal function)
- **Monitor for signs of magnesium toxicity**

#### **Monitor Symptoms**

- If current seizures after magnesium, consider:
  - Lorazepam 1 mg every 1 minute (max 8 mg)
  - Midazolam 1 – 2 mg IV every 5 – 10 minutes (max. 5 mg), or
  - Phenytoin 1,000 mg over 20 minutes
- Monitor for vital signs and observe for evidence of neurological injury or focal deficit
- Prepare for delivery as indicated
- Continue magnesium for 24 hours after last seizure or delivery, whichever is later

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