ECLAMPSIA

New, otherwise unexplained seizures in a pregnant lady
Typically 22/40 up to 2 weeks after delivery
Consider other causes (e.g. check BM)
Confirmed if hypertensive AND heavy proteinuria (catheterise and check)

ED MANAGEMENT

CALL OBSTETRICS, NEONATES & ANAESTHETICS
(baby will need delivered)
Turn on to left side to avoid aortocaval compression
Support airway and deliver high flow oxygen
IV access + bloods (FBC, U&E, LFT's, COAG)
Catheterise

MAGNESIUM

LOADING
4g IV bolus over 5 mins
8mls of 50% Mg^{2+} (4g) mixed with 12mls of saline (total 20mls)

then

INFUSION
1g per hour IV
20mls of 50% Mg^{2+} (10g) mixed with 30mls of saline (total 50mls)

RECURRENT SEIZURES ON INFUSION
2g IV bolus over 5 mins
4mls of 50% Mg2+ (2g) mixed with 6mls of saline (total 10mls)

BP CONTROL

Sys >150, Dia >110, MAP >125

LOADING
Labetalol 50mg IV over 5mins
Can be repeated x1

then

INFUSION
Labetalol 50mg/hr
Draw 40mls of Labetalol (200mg) undiluted and infuse in syringe driver (10mls/hr)

Can increase every 15mins (max 200mg/hr) until BP controlled

SECOND LINE
Hydralazine 5mg IV bolus
Hydralazine infusion (10mg/hr)

FLUIDS

High risk for pulmonary oedema

FLUID RESTRICT
1ml/kg/hr (max 85mls/hr)
inclusive of infusions

URINE OUTPUT
Aim for around 25ml/hr

3rd STAGE

AVOID Ergometrine/Syntometrine

Can give **Syntocinon** 10IU IM/IV

PARALYSE & VENTILATE IF FITS ARE PROLONGED OR RECURRENT