



TOXEMIA of PREGNANCY



Escambia County, Florida - ALS/BLS Medical Protocol

This protocol should be used for the patient in her third trimester of pregnancy that is exhibiting signs of **PRE-ECLAMPSIA** or **ECLAMPSIA**.

The signs of toxemia include proteinuria (dark colored urine), excessive weight gain, and hypertension.

The presence of two of these signs constitutes pre-eclampsia and all three constitutes eclampsia.

The seizing patient in her third trimester of pregnancy should be assumed to be eclamptic and treated as specified below.

However, consideration of another underlying etiology, such as: hypoglycemia, drug overdose, head injury, or fever should also be considered.

Witnessed continuous convulsions (generalized tonic-clonic seizure or Grand Mal) or repeating episodes without regaining consciousness or sufficient respiratory decompensation demonstrates a need for immediate treatment.

Supportive Care

1. [Trauma Supportive Care](#). If patient is seizing, continue with treatment as specified below.

ALS Level 1

1. Perform [glucose test](#) with finger stick.
2. If glucose is below 60 mg/dL, administer [Dextrose 50%](#) 25 gm (50 ml) slow IV.
3. Administer [Magnesium Sulfate](#) 4 grams IV over 5 minutes for active seizures. **(DO NOT run faster than 1 gram per minute.)**



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Page 1 of 2

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Magnesium Sulfate: Draw up 1 gram in a 20cc syringe. Fill remaining 20cc syringe with D5W (20cc = 1 gram). Push 20cc solution (1 gram) IV over at least 1 minute. If more than 1 gram is required, repeat the process.

If any of the below occur during Magnesium Sulfate infusion, stop infusion:

- Hypotension
- respiratory paralysis
- decreased cardiac function
- pulmonary edema
- loss of patella (knee) reflexes

ALS Level 2 (*Physician authorization required*)

1. If still seizing after Magnesium Sulfate, consider Lorazepam (Ativan) 0.5-2 mg IV, until seizures begin to diminish. If unable to start IV, administer Lorazepam 1-2 mg IM.

Notes

- (a) To avoid infiltration and resultant tissue necrosis, Dextrose 50% should be given slow IV with intermittent aspiration of IV line to confirm IV patency followed by saline flush.
- (b) Clinical indications that it is safe to give magnesium include the presence of patellar reflex (knee jerk), absence of hypotension, absence of pulmonary edema, absence of respiratory depression (approximately 16 breaths or more/minute).



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Page 2 of 2

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