

OB PRE-ECLAMPSIA/ECLAMPSIA

Pre-eclampsia/Eclampsia SS

NURSING

- Vital signs other than routine:
 - Vital signs Q 1 Hr while on IV magnesium sulfate
 - Temperature Q 4 Hrs while on IV magnesium sulfate
- Assess deep tendon reflexes Q 1 Hr while on IV magnesium sulfate
- Monitor intake and output Q 1 Hr while on magnesium infusion
- Monitor for magnesium toxicity: Order magnesium serum level PRN for signs and symptoms of magnesium toxicity which include:
 - Fall in blood pressure,
 - Confusion
 - Muscle weakness
 - Difficulty breathing
- Insert indwelling urinary catheter with urimeter
- Apply telemetry monitoring
- May leave floor without telemetry

ACTIVITY

REMINDER: If there are no restrictions nursing will ambulate patient at least four times a day per policy PC-112.

- Activity restrictions: BED REST WITH BATHROOM PRIVILEGES
- Activity restrictions: BED REST
- Activity restrictions: _____

RESPIRATORY

- Apply oxygen (O₂) with defined parameters to maintain oxygen saturation on > 95%
- Oximetry spot check Q Shift

NUTRITION

- NPO
- NPO except Ice Chips
- Clear Liquid Diet
- Regular Diet

IV FLUIDS

- Lactated Ringers IV to run at 125 mL/Hr. RN to adjust rate on IV fluids so that total IV infusions do not to exceed 125 mL/Hr (to include IVF, Magnesium, and Oxytocin).
- Sodium Chloride 0.9% IV to run at 125 mL/Hr. RN to adjust rate on IV fluids so that total IV infusions do not to exceed 125 mL/Hr (to include IVF, Magnesium, and Oxytocin).

MEDICATIONS

CNS medications: Anticonvulsants

- Magnesium sulfate 40 Gm/1000 mL SWFI Bolus with 6 Gm over 30 mins then start a continuous IV infusion at 2 Gm/Hr [Evidence](#)
- Calcium Gluconate 1 Gm IV Push over 3 mins Prn S/Sx of Magnesium toxicity. Notify MD if given.

Cardiac medications: Beta-Blockers [Evidence](#)

- Labetalol 20 mg IV Push Q 10 mins Prn SBP > 180 or DBP > 105. If SBP remains > 180 or DBP remains > 105 after 60 mg is given within 1 Hr, contact MD for alternative orders.

Other medications: _____

PRE-ECLAMPSIA_ECLAMPSIA_SS_V20_11.14.12 OK FOR PRINTING

MEDITECH NAME: OB PRE-ECLAMPSIA/ECLAMPSIA

MEDITECH MNEMONIC: OB.PCLAM

ZYNX-Preeclamp Gest Hypertension SS

DRAGOO/KANOFISKY

V:\SJO Ordersets\Order Sets\OB-GYN\OB PRE-ECLAMPSIAECLAMPSIA all versions

***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

LABORATORY – Hematology

Complete Blood Count (CBC)

LABORATORY - Chemistry

- Basic Metabolic Panel (BMP)
- Magnesium level (MG) - Q 6 Hrs
- Magnesium level (MG) - Q 4 Hrs

LABORATORY – Chemistry (PIH PANEL)

- Urea Nitrogen Blood (BUN)
- Creatinine
- Aspartate Amino Transferase (AST/SGOT)
- Alanine Aminotransferase (ALT/SGPT)
- Uric Acid

LABORATORY – Coagulation

Disseminated Intravascular Coagulation (DIC) Profile

LABORATORY - Urine

- Total Protein 24 Hr urine
- Creatinine Clearance 24 Hr urine

REMINDERS

- For patients with mild preeclampsia who are remote from term, consider expectant management [Evidence](#)
- For patients with severe preeclampsia who are remote from term, consider management in a tertiary care center [Evidence](#)
- Preeclampsia Integrated Estimate of RiSk (PIERS) [Source](#)
- For patients with diastolic BP \geq 105 mm Hg, administer antihypertensive therapy [Evidence](#) 197898
- For patients with mild-to-moderate hypertension, the evidence for the benefit of antihypertensive therapy is inconclusive [Evidence](#)
- The evidence for calcium channel blockers is inconclusive [Evidence](#)
- For patients with severe preeclampsia, administer magnesium sulfate for seizure prophylaxis [Evidence](#)

PRE-ECLAMPSIA_ECLAMPSIA_SS_V20_11.14.12 OK FOR PRINTING

MEDITECH NAME: OB PRE-ECLAMPSIA/ECLAMPSIA

MEDITECH MNEMONIC: OB.PCLAM

ZYNX-Preeclamp Gest Hypertension SS

DRAGOO/KANOFSKY

V:\SJO Ordersets\Order Sets\OB-GYN\OB PRE-ECLAMPSIAECLAMPSIA all versions