



**REGION 11
CHICAGO EMS SYSTEM
PROTOCOL**

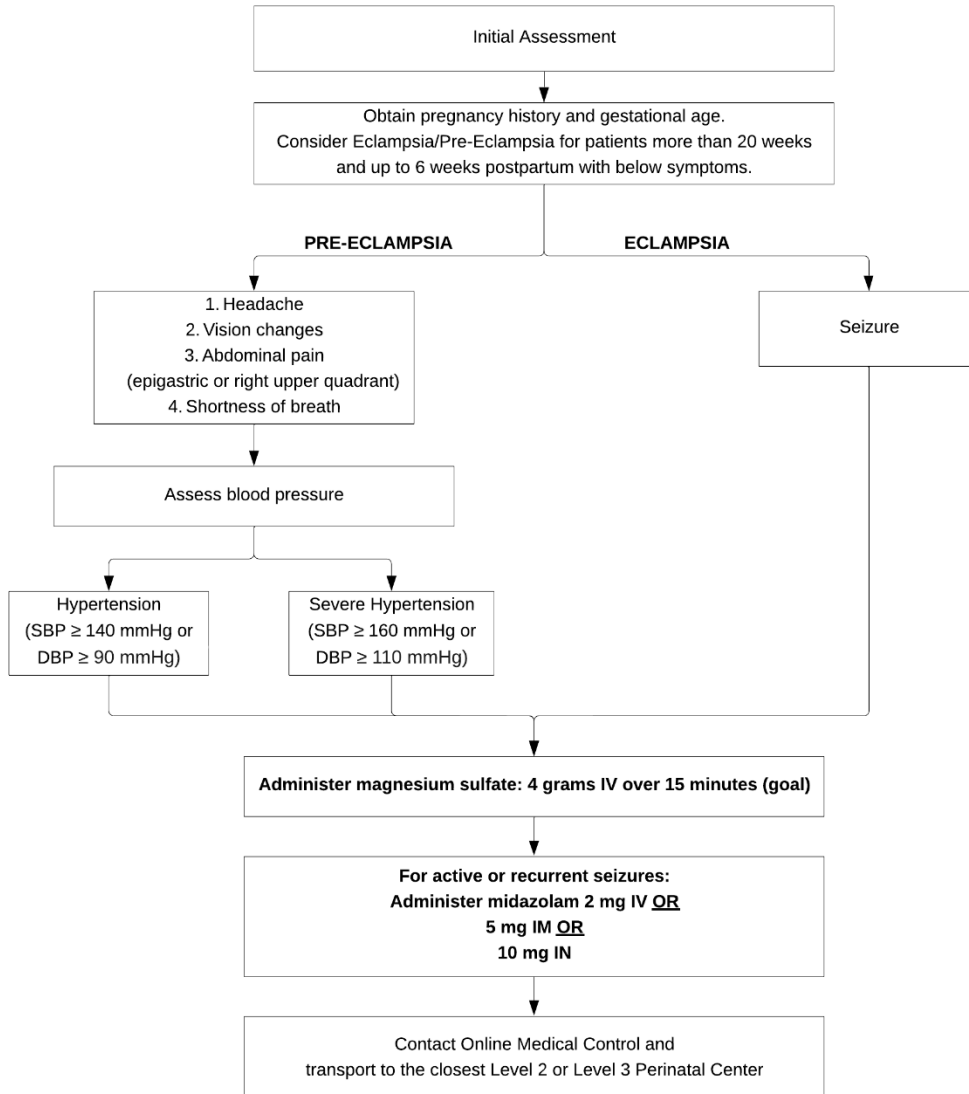
Title: Eclampsia and Pre-Eclampsia – BLS/ALS

Section: Obstetrics

Approved: EMS Medical Directors Consortium

Effective: December 17, 2025

ECLAMPSIA AND PRE-ECLAMPSIA - BLS/ALS





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ECLAMPSIA AND PRE-ECLAMPSIA – BLS/ALS

I. PATIENT CARE GOALS

1. Recognize serious conditions associated with pregnancy and elevated blood pressure.
2. Prevention of eclampsia-related seizures and complications.
3. Provide adequate treatment for eclampsia-related seizures.

II. PATIENT PRESENTATION

A. Inclusion Criteria

1. Pre-Eclampsia: Pregnant patient more than 20 weeks gestation or up to 6 weeks postpartum WITH symptoms and elevated blood pressure:

- a. **Symptoms of Pre-Eclampsia**

- Headache
- Vision changes including blurred vision or spots/floaters
- Epigastric or right upper quadrant (RUQ) pain
- Shortness of breath

- b. **Elevated blood pressure**

- **Hypertension**: Systolic blood pressure (SBP) \geq 140 mmHg or diastolic blood pressure (DBP) \geq 90 mmHg
- **Severe hypertension**: SBP \geq 160 mmHg or DBP \geq 110

2. Eclampsia

- a. Seizure in any pregnant patient more than 20 weeks gestation and up to 6 weeks or postpartum.
- b. Any pregnant patient who is seizing should be assumed to have eclampsia.
- c. History of pre-eclampsia is not required.

B. Exclusion Criteria - None

III. PATIENT MANAGEMENT

A. Assessment

1. Obtain history
 - a. Gestational age in weeks or recent delivery (post-partum).
 - b. Symptoms of pre-eclampsia such as headache, confusion, vision changes, epigastric pain, right upper quadrant pain, shortness of breath.



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- c. Symptoms of pregnancy complication such as vaginal bleeding or absence of fetal movement.
- d. Previous pregnancy complications including hypertension or known pre-eclampsia.

- 2. Monitor vital signs including repeat blood pressures every 10 minutes.

B. Treatment and Interventions

1. Pre-Eclampsia

- a. Monitor for seizures
- b. Administer **magnesium sulfate**: 4 grams IV over 15 minutes (goal)

2. Eclampsia: Seizure whether active or complete, regardless of seizure history

- a. Administer one time dose of **magnesium sulfate**: 4 grams IV over 15 minutes (goal)
- b. For active or recurrent seizure, administer **midazolam**: 2 mg IV OR 5 mg IM OR 10 mg IN.

- 3. Monitor for respiratory depression and airway compromise.
- 4. Reassess vital signs every 10 minutes or more frequently as indicated.
- 5. IV fluids only if signs of dehydration or hypotension (patients with pre-eclampsia are at risk of pulmonary edema).
- 6. Administer oxygen as indicated with goal pulse oximetry saturation of 94-98%.
- 7. Contact Online Medical Control for all obstetric patients.
- 8. Transport to closest Level 2 or 3 Perinatal Center as per Perinatal Patient Destination Policy.

C. Patient Safety Considerations

- 1. Magnesium side effects may include facial flushing and hypotension with rapid administration.

IV. NOTES/EDUCATIONAL PEARLS

- A. Delivery is the only definitive management for pre-eclampsia and eclampsia.
- B. Early treatment of severe pre-eclampsia with magnesium for seizure prophylaxis significantly reduces the rate of eclampsia.
- C. If the gestational age is unknown, a palpable fundal height above the umbilicus indicates a gestation of more than 20 weeks.
- D. Consider other causes of seizures including epilepsy, hypoglycemia, and traumatic head injury.