



HEALTH HOLDING

HAFAER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Emergency Room (Obstetrics and Gynecology)		
Document:	Departmental Policy and Procedure		
Title:	Management of Severe Preeclampsia in Emergency Room		
Applies To:	All Obstetrics and Gynecology Staff		
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1. PURPOSE:

- 1.1 This Policy and Procedure is to standardise the approach to the management of severe pre – eclampsia and eclampsia in the immediate pre- and post- delivery interval in order to improve the outcome for the mother and child.

2. DEFINITONS:

- 2.1 **PET** – is multi system disorder that is primarily occurring in pregnancy after 20 weeks gestation, most frequently at term. It consists of hypertension and Proteinuria.
- 2.1.1 Indicator of Severe Disease:
- 2.1.1.1 Mild/ Moderate Hypertension Systolic > 140 mmHg or Diastolic > 90 mmHg (MAP >110 mmHg) (3 X BP readings in a 45 minutes period) with at least proteinuria ++ OR 3g on a semi-quantitative assessment and any of:
 - 2.1.1.1.1 Severe Headache with visual disturbance
 - 2.1.1.1.2 Epigastric pain
 - 2.1.1.1.3 Clonus
 - 2.1.1.1.4 Papilloedema
 - 2.1.1.1.5 Liver Tenderness
 - 2.1.1.1.6 Platelet count falling to below $100 \times 10^9/L$
 - 2.1.1.1.7 AAT > 50 iu/l
 - 2.1.1.1.8 Creatinine >100 mmol/L
 - 2.1.1.2 Severe Hypertension Systolic > 160 mmhg or Diastolic > 110 mmHg (MAP 120 – 130 mmhg). Take BP every 15 minutes with at least proteinuria + or 1g on a semi-quantitative assessment.

3. POLICY:

- 3.1 Physician in emergency room should inform surgical resident on duty and specialist on call.
- 3.2 Woman should be admitted to labor ward for careful assessment, Stabilization, continuous monitoring, and delivery at the optimal time for mother and fetus.

4. PROCEDURE:

- 4.1 Signs and symptoms of severe PET should be elicited:
- 4.1.1 Severe headache
 - 4.1.2 Visual Disturbance
 - 4.1.3 Epigastric Pain ± vomiting
 - 4.1.4 Signs of clonus
 - 4.1.5 Papilledema
 - 4.1.6 Liver Tenderness
 - 4.1.7 Platelet $100 \times 10^9/L$
 - 4.1.8 Abnormal liver enzymes

- 4.1.9 AST 70 IU/L
- 4.1.10 HELLP Syndrome
- 4.2 Careful assessment of patient with severe PET should include:
 - 4.2.1 BP using manual sphygmomanometers
 - 4.2.2 Urine analysis of protein
 - 4.2.3 Edema face, hands, legs, sacral area.
 - 4.2.4 Abdominal of fetal size, presentation, liquor volume
 - 4.2.5 Tendon reflexes, clonus
- 4.3 Insert IV line and extract blood for:
 - 4.3.1 CBC
 - 4.3.2 Blood Group
 - 4.3.3 Coagulation Profile
 - 4.3.4 Cross match 2 units packed RBCs
 - 4.3.5 Liver Function Test
 - 4.3.6 Renal Function Test.
- 4.4 Give:
 - 4.4.1 Hydralazine at dose of 5mg IV slowly, repeat the dose if necessary after 15 – 20 minutes.
 - 4.4.2 Labetalol 50mg (10 ml) Labetalol IV over 10 minutes. Repeat every 15 minutes up to maximum 4 doses (200 mg). Follow up with IV infusion with syringe pump at 4 ml/hour (20 mg/hour). Double rate every 30 minute until the blood pressure is stable maximum dose 30ml/hour (160mg/hour).
 - 4.4.3 Magnesium Sulphate (See P&P of Management of Eclampsia).

5. MATERIAL AND EQUIPMENT:

- 5.1 Drug Prescription

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse
- 6.3 Midwife

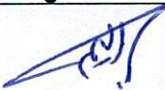




7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Guidelines for Obstetrics and Gynecology/ Ministry of Health, General Directorate of Health Centers- Riyadh, 2013
- 8.2 <http://isshp.org/wp-content/uploads/2014/05/rcog.pdf>

9. APPROVALS:

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