



HYPERTENSIVE DISORDERS OF PREGNANCY

Findings suspicious for hypertensive disorders of pregnancy, including pre-eclampsia, are systolic BP \geq 140 mm Hg, diastolic BP \geq 90 mm Hg; or edema (generalized) of the face or hands. For suspected pregnancy related hypertension, the following ALS standing orders apply:

ALS STANDING ORDERS:

1. Place in and transport in left lateral position.
2. ALS escort and early Base Hospital contact to determine destination for OB capable ERC.
3. Pulse oximetry, if oxygen saturation less than 95%, administer:
 - ▶ *High-flow Oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
4. For seizure activity:
 - ▶ *Turn to left side, protect airway and suction when necessary.*
 - ▶ *Midazolam 5 mg IV/IM/IN; may repeat 5 mg IV/IM/IN once for continued or recurrent seizure activity approximately 3 minutes after initial dose.*

Approved:

A handwritten signature in blue ink, appearing to read "S. Snathus".

Review Dates: 5/11 11/16
Final Date for Implementation: 04/01/2017
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TREATMENT GUIDELINES:

- High blood pressure in a pregnant patient over 20 weeks gestation may be the result of pre-eclampsia. Pre-eclampsia, which can lead to seizures, is a medical emergency and all pregnant patients with suspected pre-eclampsia should be transported to an ERC with OB capability.
- Severe pre-eclampsia is manifested by systolic BP \geq 160 mm Hg, diastolic BP \geq 110 mm Hg; decreased urine output; persistent headache, visual disturbances; epigastric pain; pulmonary edema, or cyanosis.
- Eclampsia is manifested by generalized seizures or coma (in addition to symptoms/signs above).
- Pregnancy related hypertension and seizures could occur up to a month post-partum.

Approved:

A handwritten signature in blue ink, appearing to read "S. S. Matthews".

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