

BREATHING

CIRCULATION

SOCIETY OF GYNAECOLOGY AND OBSTETRICS OF NIGERIA

Protocol on the management of eclampsia



ADMIT PATIENT - Call for HELP - Inform Medical Officer - Place in semi-prone position - Put oro-pharengeal airway or padded spoon

- Give oxygen by nasal catheter

- Ventilate if possible
- Secure IV access with a wide bore canula
- Limit IV fluid to 80ml of Dextrose Saline per hour
- Put urethral catheter to monitor urinary output
- Maintain intake output chart

OBSERVATIONS

Pulse BP

Respiratory Rate Temperature

Fluid balance charts
FH - monitor continuously

INVESTIGATIONS

FBC & Platelets U & E
Urate LFTs

Coagulation Screen
Group & Cross Match
Urinalysis for protein



(Anti-Convulsant)

- Loading dose MgSO4: Give 4g MgSO4 IV over 10 - 15 minutes

Give 10g IM (5g deep into right buttock; 5g deep into left buttock)

- Maintenance dose MgSO4: 5g every 4 hours into alternate buttocks

Continue for 24 hours after delivery or the last fit

- If seizures recur: Repeat MgSO4 2g IV as per loading dose over 5 10 minutes
- Monitor: Hourly urine output

Respiratory rate, pateliar reflexes - every 30minutes

- Stop MgSO4 if: Urine output < 100ml in 4hours
 - or if Pateliar reflexes are absent
 - or if Respiratory rate < 16 breaths/minute
- Antidote: 10% Calcium gluconate 10ml IV over 10minutes

IF THERE IS NO MgSO4 THEN DIAZEPAM (VALIUM) WHICH IS LESS EFFECTIVE CAN BE USED. 10MG IV SLOWLY AS LOADING DOSE AND MAINTAIN WITH 40MG IN 500MLS DEXTROSE SALINE TO BE TITRATED UNTIL PATIENT IS IN AROUSABLE STATE



Treat hypertension: if systolic BP > 160mmHg or diastolic BP > 110mmHg
 Aim to reduce BP to around 130-140/90-100mmHg. Beware maternal hypertension and fetal heart rate abnormalities - monitor FH

- HYDRALAZINE: 10mg IV slowly

Repeated doses of HYDRALAZINE 5mg IV 30 minutes apart may be given if necessary

DRUG (Antibiotics; Anti-malaria)

DELIVER

- Give broad spectrum antibiotics e.g. Ampiclox 500mg IV 6 hourly
- Give full course of anti-malaria especially to the unbooked primigravida

There is no place for the continuation of pregnancy if eclampsia occurs
- "STABILISE" THE MOTHER BEFORE DELIVERY

- DELIVERY IS A TEAM EFFORT involving medical officer, the midwives, and the anaesthetist
- CHOICE OF EITHER VAGINAL DELIVERY OR CAESAREAN SECTION WILL DEPEND UPON ADEQUACY OF THE PELVIS, STATE OF THE CERVIX AND STATE OF THE FETUS, etc.
- Ergometrine should not be used for third stage in severe pre-eclampsia and eclampsia
- * Refer the patient to a higher level of care at any stage if there are challenges with the drugs or delivery