



HYPERTENSIVE DISORDERS OF PREGNANCY

***** BASE HOSPITAL CONTACT REQUIRED *****

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 contact Base Hospital to determine destination for OB capable ERC.
3. Pulse oximetry and, if available, waveform capnography. If oxygen saturation less than 95%, administer:
 - ▶ *High-flow Oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*If end tidal CO₂ equals 50 or more:
 - ▶ *Assist ventilation with BVM.*
4. For seizure activity:
 - ▶ *Turn to left side, protect airway and suction when necessary.*
 - ▶ *Midazolam 10 mg IM one time (preferred route). Administer first before starting IV/IO.*
 - ▶ *Midazolam 5 mg IV/IN/IO if not able to deliver IM dose or if IV/IO already present, may repeat 5 mg IV/IN/IO once for continued or recurrent seizure activity approximately 3 minutes after initial dose.*

Approved:

Carl Schultz, MO



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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 can occur up to a month post-partum.

Approved:

Carl Schultz, MD

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