Severe Pre-Eclampsia

Definition:

- BP of ≥160/110 mmHg AND proteinuria

  OR
- BP <160/110 mmHg AND 2 or more listed features

Step	Action
1	Immediately inform ED senior and obstetrics on call: • Bleep 8612 (RSCH) • Bleep 6036 (PRH)
2	• Assess and manage ABCDE • Gain IV access • Send FBC, U&E, LFTs, INR, G&S
3	Treatment: • Consider labetalol unless history of steroid dependent asthma or obstructive airway disease (nifedipine is the alternative)
4	Labetalol Dose → 200 mg orally. Repeated every 30-60 mins if BP remains ≥170 mmHg systolic IV labetalol indicated if unable to tolerate oral treatment OR no response → 20 mg as an initial bolus (4 mL of a 100 mg/20 mL vial) → Reassessment at 5 minutes → Repeat if BP ≥170/110 mmHg → MAXIMUM DOSE OF 200 mg

Features of severe pre-eclampsia:

- Severe headache
- Blurred vision + other visual sx
- Vomiting
- Epigastric pain
- Tender liver edge
- Brisk reflexes and clonus
- Papilloedema
- Platelets <100
- Abnormal LFTs – specifically ALT (ALP is elevated in normal pregnancy)

If above features are present and delivery is planned:

→ Give Magnesium Sulphate loading dose AND infusion (overleaf)

Complications:

- Eclampsia
- AKI
- HELLP (Haemolytic anaemia, Elevated Liver enzymes, Low Platelets

SPECIALITY REVIEW IS REQUIRED BEFORE TRANSFER