**Follow Initial Protocol for All Patients**

**Goals:**
- Recognize life threatening condition
- Prevent seizures
- Provide timely treatment for seizures

**Signs/Symptoms:**
- See below

**Documentation Key Points:**
- Vitals every 10 minutes
- Physical exam
- Medications administered
- Response to medications

**Special Considerations:**
- Early treatment of pre-eclampsia greatly reduces the risk for seizures, consider treating if signs of severe pre-eclampsia present.
- Consider assessing deep tendon reflexes when on magnesium sulfate

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**H46. Normal Saline**
- Saline Lock
- No more than 100 ml/hr

**H31. Magnesium Sulfate**
- 4 grams over 20 minutes IV/IO

**H31. Magnesium Sulfate After bolus**
- Infusion 1 gram/hour IV/IO

**H31. Magnesium Sulfate If seizure persists**
- C10. Seizures
- Contact medical control as needed

**H27. Labetolol**
- 20 mg IV/IO over 2 minutes
- May repeat twice, 10 minutes between doses
- Stop if HR > 60 bpm
- 20 mg IV/IO over 2 minutes

**Interfacility Only:**
- Consider H27. Labetolol
- 20 mg IV/IO over 2 minutes

**Stop Magnesium if signs of toxicity present**
- Hypotension
- Nausea/Vomiting
- Muscle weakness
- Difficulty breathing
- Blurry vision
- Difficulty speaking or moving

**Severe Pre-Eclampsia:**
- Hypertension
- Confusion
- Headache
- Vision Changes
- Right Upper Quadrant Pain
- Pulmonary Edema

**Eclampsia:**
- All of above but with seizures

**Hypertension Goal:**
- Reduce MAP by 20-25%
  - SBP 140-160 mmHg
  - DBP 90-110 mmHg

**Interfacility Continuation Only**
- H31. Magnesium Sulfate
- After bolus
- Infusion 1 gram/hour IV/IO

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**Date of Most Recent Update:** 6/2020

**Original Adoption Date:** 6/20

**Past Protocol Updates:**
- Medical Director: Chad Torstenson, MD; Cory Vaudt, DO