

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Preeclampsia/ Eclampsia

Overview: Preeclampsia is a disease of unknown origin that primarily affects previously healthy, normotensive primigravidae. The disease occurs after 20 weeks gestation, often near term. It is characterized by vasospasm, endothelial cell injury, increased capillary permeability, and activation of the clotting cascade. Eclampsia is characterized by the same signs and symptoms with the addition of seizures or coma.

INFORMATION NEEDED

- Patient complaint.
- Mechanism of Injury
- Gestational age, single or multi fetus
- Age of mother
- Number of pregnancies

OBJECTIVE FINDINGS

- BP > 140/ 90
- Abnormal weight gain
- Edema of legs, arms and face
- Visual disturbances
- Seizures/ coma
- Presence/ absence of Fetal Heart Tones, if possible
- Fetal movement as reported by the mother

TREATMENT

- Prepare for rapid transport.
- RMC.
- Oxygen at 100% by non-rebreather mask or assist with BVM.
- Seizure precautions.
- GENTLE HANDLING. Minimal CNS stimulation. Do NOT check pupillary reflexes.
- Position patient on left side or raise right side of backboard and transport as soon as possible.
- If seizure occurs, protect patient from harming self; if possible, place nasopharyngeal airway
- Minimize external stimulation - avoid sirens, bright lights and loud music if possible.

Documentation of adherence to protocol:

- Oxygen administered at 100%
- Seizure precautions observed
- Other care administered
- Transported on left side

Medical Control Contact Criteria

- Contact Medical control if assistance is needed
- Contact Medical Control if seizures occur.
- Notify Medical Control EARLY of situation

PRECAUTIONS AND COMMENTS

- GENTLE HANDLING. Minimal CNS stimulation. Do NOT check pupillary reflexes.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic

SMO: Preeclampsia/ Eclampsia

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- Presence/ absence of Fetal Heart Tones, if possible
- Fetal movement as reported by the mother

TREATMENT

- Prepare for rapid transport.
- RMC.
- Oxygen at 100% by non-rebreather mask or assist with BVM.
- Seizure precautions.
- GENTLE HANDLING. Minimal CNS stimulation. Do NOT check pupillary reflexes.
- Position patient on left side or raise right side of backboard and transport as soon as possible.
- If seizure occurs, protect patient from harming self; if possible, place nasopharyngeal airway
- If seizure occurs, **Versed 2 mg IVP** or **Valium 5 mg IVP** up to a maximum of 10 mg. Consult Medical Control for subsequent doses.
- Minimize external stimulation - avoid sirens, bright lights and loud music if possible.

Documentation of adherence to protocol:

- Oxygen administered at 100%; IV established
- Seizure precautions observed
- Versed for seizure activity
- Other care administered

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

Transported on left side

Medical Control Contact Criteria

- Contact Medical control if assistance is needed
- Contact Medical Control for subsequent doses of Versed or Valium.
- Notify Medical Control EARLY of situation

PRECAUTIONS AND COMMENTS

- GENTLE HANDLING. Minimal CNS stimulation. Do NOT check pupillary reflexes.