

EMERGENCY ACTION CARD

Obstetrics: Seizures in Pregnancy (Pre-Eclampsia)

v1.1

See Seizures EAC for non-pregnant patients

START: IMMEDIATELY NOTIFY DRIVER, STOP SAFELY

1 Immediate actions

- Follow Key Basic Plan
- Deliver 100% oxygen

2 If >20/40 gestation and eclampsia possible (see Box B), treat

- Bolus magnesium sulphate (Box C)

3 Commence magnesium sulphate infusion (Box C)

4 If further seizure(s) give additional magnesium (Box C)

- Consider options on Seizure EAC including additional drugs (Box D) and intubation

5 Next steps

- Consider arterial blood gas
- Key Basic Plan
- Inform receiving hospital Central Delivery Suite and obstetrician

Box A: CRITICAL CHANGES

- If problem worsens significantly, or a new problem arises, go back to **START** of Key Basic Plan
- If Transfer Practitioner or Transfer Doctor transfer, contact Remote Duty Consultant
- Consider contacting Leadership SPOC for support, if required

Box B: FEATURES OF ECLAMPSIA

- Severe headache, visual disturbance
- Epigastric tenderness, oedema, clonus, hyperreflexia

Box C: MAGNESIUM SULPHATE FOR SEIZURES IN PREGNANCY

- **Loading:** 4g (8ml) MgSO₄ made up to 20ml with 0.9% sodium chloride. Give as slow bolus over 5-10 minutes.
- **Maintenance:** 10g (20ml) MgSO₄ made up to 50ml with 0.9% sodium chloride (concentration 0.2g/ml); give 5ml/hr (1g/hr).
- **Further seizures:** 2-4g (4-8ml) made up to 10ml; bolus 5-10 minutes

Box D: FURTHER SEIZURE MANAGEMENT (safe in pregnancy)

- **Terminate:** 2-4mg midazolam IV or propofol sedation bolus 10-20mg IV
- **Give prophylaxis:** 1g levetiracetam IV (if not already received)