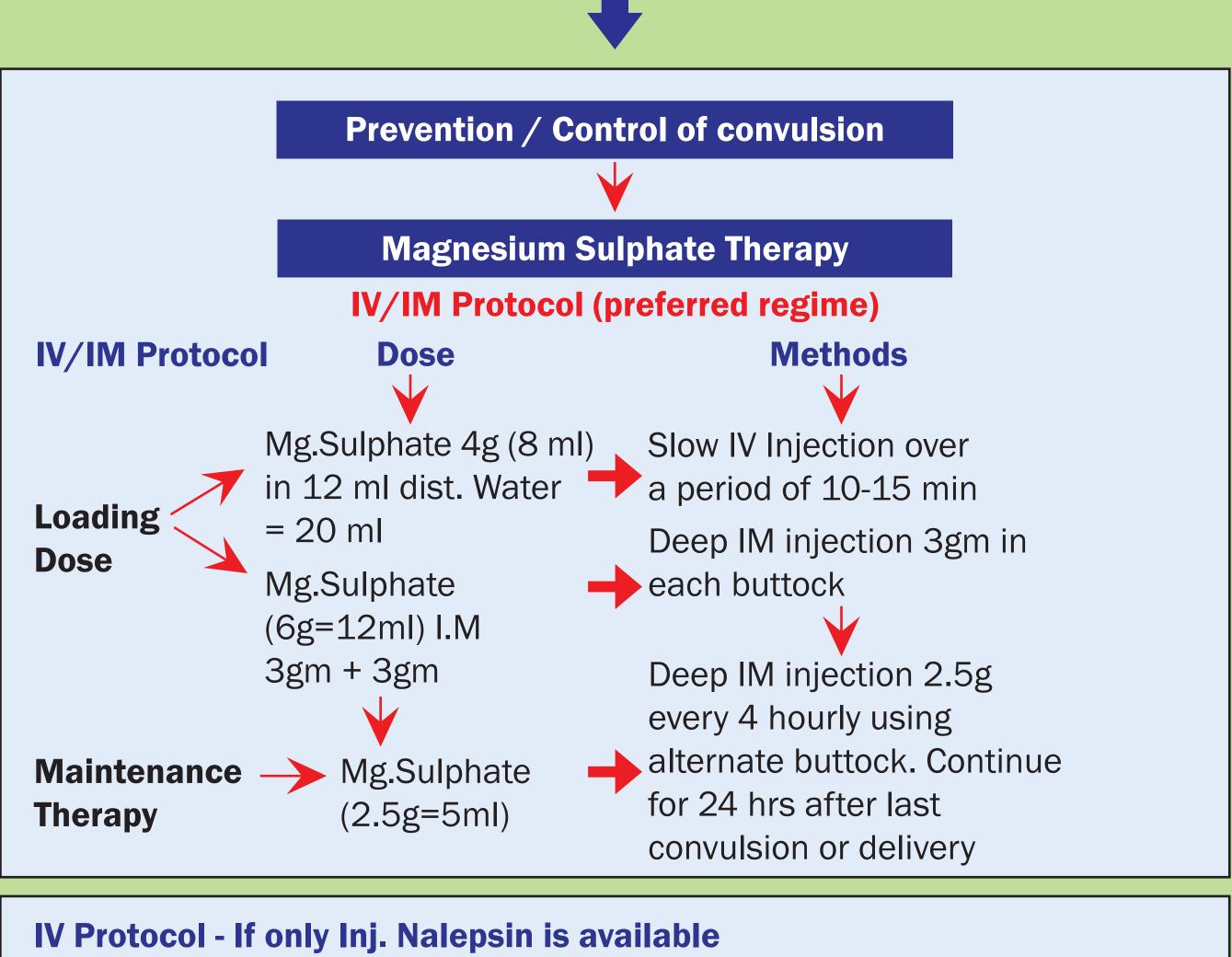


Flow chart for Specific Management of severe PE and Eclampsia



Rapid IV Inj.@60-75 drops/min Inj. Nalepsin Loading MgSO₄ 4g (100ml) Over a period of 20min Dose Dose → Within next 4hrs 4g (100ml) → 25ml/hr @6 drops/min

IM Protocol

Loading

dose

dose

(If skilled provider to give IV injection is not available - use IM protocol)

Dose

Inj. MgSO₄ (10gm) 4

ampoule (2.5 x 4=10gm)

Maintenance (2.5 gm = 5 ml)

Inj. MgSO₄

Deep IM -Deep IM 2.5 gm every 4 hourly using alternate

buttock upto 24 hours

Method

5 gm (2 amp in each buttock)

Control of BP

Hydralazine

IV Bolus Regime

Regime

Inj. Hydralazin 1 amp (20 mg) dissolved in 10 ml distilled water Push 2.5-5 ml (5-10 mg) Slow IV repeated 1ml (2 mg) every 15 minutes until DBP is 90 mmHg

(Diastolic Pressure ≥ 110mmHg)

Labetalol Regime

IV Bolus Regime

Inj. Labetalol 1 amp (50 mg/10ml) Take Inj. Labetalol 20 mg (4 ml) slow IV followed by 40-80 mg (8-10 ml) every 15 minutes until DBP is 90 mmHg Maximum dose 300 mg

IV infusion Regime

OR

Inj. Hydralazin (1 amp 20 mg) - disolved in 200 ml

- NS give IV infusion
- @ 8-10 dpm check

BP every 5 min - 15 min interval & stop drip when DBP is 90 mmHg

IV infusion Regime

OR

- * 250 mg in 250 ml of NS @ 20 mg/hr double every 30 min until DBP is 90 mmHg or maximum dose 160 mg/hr is reached (20 mg/hr = 6dpm/24mdp m)
- * Check BP every 5-15 minutes interval & stop drip when DBP is 90 mmHg

Prevent, detect & treat complications

Source: WHO's essential care practice guidelines for pregnancy and childbirth LSS guide line- High risk pregnancy "Fernando Aries"

Obstetric Management

Conduction of delivery within 6-8 hrs

Vaginal delivery

Cervix favourable ARM & oxytocin Augmentation Avoid prolonged 2nd stage May use forceps/VE

- Obstetric reason
- Unfavourable cervix
- Malpresentation
- Foetal distress
- No progress of labour
- Expected induction delivery
- Interval more than 6 hours
- Uncontrolled fits & hypertension

If caesarean section is performed, ensure that

- Coagulopathy has been ruled out; if possible by doing platelet count prothombine time or bed side coagulation test
- Inform the anaesthetist
- Keep fresh blood ready

Reprinted by: USAID's MaMoni Maternal and Newborn Care Strengthening Project, 2019











LUCS