POLICY: 554.72
TITLE: Preeclampsia/Eclampsia

EFFECTIVE: ~~02/01/2026~~DRAFT
REVIEW: ~~02/2028~~DRAFT
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PREECLAMPSIA/ECLAMPSIA

I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMT's, and Paramedics within their scope of practice.

III. PROTOCOL
Preeclampsia is defined by the elevation of the expectant mother's blood pressure, usually after the 20th week of pregnancy, and excessive protein in her urine. Signs & symptoms: headaches, abdominal pain especially right upper quadrant, shortness of breath, burning behind the sternum, nausea and vomiting, confusion, heightened state of anxiety, and/or visual disturbances such as photophobia, blurred vision, seeing flashing spots, or auras.

Eclampsia is a complication of preeclampsia characterized by seizures during pregnancy and up to six weeks post-partum. Eclampsia is rare and usually treatable if appropriate intervention occurs promptly. Left untreated, eclamptic seizures can result in coma, brain damage, and possibly maternal or infant death. Consider eclampsia for any seizure in a person who is pregnant or up to six weeks postpartum without a history of seizures. Even if seizure has resolved, treat as per this guideline.

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order Required

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	X	
ADVANCED BLS AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	X	
ADVANCED ALS AIRWAY: if GCS is < 8 and not rapidly improving, consider ETI.					X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor.					X	
OXYGEN: if pulse oximetry <94% or signs of respiratory distress or	X	X	X	X	X	

hypoperfusion or seizures.						
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
VASCULAR ACCESS: P - IV/IO, AEMT - IV only, rate as indicated.				X	X	
	F	E	O	A	P	D
TEST FOR GLUCOSE		X	X	X	X	
D10: infuse 100 mL IV/IO if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post infusion. If blood glucose < 70 mg/dL infuse remaining 150 mL.				X	X	
GLUCAGON: If no IV/IO access and unable to tolerate oral glucose, give 1 mg IM if blood glucose < 70mg/dL. Recheck blood glucose 10 minutes post injection. If blood glucose remains < 70 gm/dL, repeat 1 mg IM.				X	X	
PRE-ECLAMPSIA						
TRANSPORT: Mother placed on left side if time permits. Try to maintain a quiet environment.	X	X	X	X	X	
ECLAMPSIA						
MAGNESIUM SULFATE: -6 gm in 100 mL of NS infused over 15 minutes IV/IO **OR** -5 gm in each buttock for total of 10 gm IM. Magnesium sulfate should be given if reliable report of seizure. Seizure activity does not need to be witnessed by EMS personnel.					X	
BASE CONTACT: if seizures continue after magnesium infusion.						X