OB EMERGENCY MANAGEMENT

Pregnant patient in an acute convulsive episode

Notify Physician ASAP

Emergency Treatment and Supportive Care

- Assess and establish airway patency; ensure maternal oxygenation
- Elevate bed side rails
- Protect patient from self-injury; restrain if necessary
- Position patient in lateral decubitus position
- Suction vomitus and oral secretions as needed
- Maintain oxygenation by supplemental oxygen administration via face mask with or without oxygen reservoir at 8 to 10 L/min
- Treat with magnesium sulfate (see next page for dosing guidelines)
- Monitor onset and duration of seizure
- Notify anesthesia
- Obtain appropriate laboratory studies as soon as feasible (e.g., CBC, AST, ALT, serum creatinine, and magnesium level)

Magnesium sulfate treatment guidelines
MAGNESIUM SULFATE TREATMENT

Dosing Guidelines

Administer loading and maintenance doses via 1 of the following 3 regimens:

- **IV Option 1**: 4 grams over 15 minutes, followed by a maintenance dose of 2 grams per hour as a continuous IV infusion.
- **IV Option 2**: 4 grams over 15 minutes, followed by an IM maintenance dose of 5 grams in each buttock (10 mL of undiluted 50% mixed with 1 mL of 1% or 2% lidocaine in each buttock). Total dose = 10 grams.
- **Intramuscular Option (if no IV access)**: 5 grams IM in each buttock (10 mL of undiluted 50% mixed with 1 mL 1% or 2% lidocaine in each buttock). Total dose = 10 grams.

Seizures recur?

- yes
  
  Administer a 2 gram bolus dose of magnesium sulfate over a period of 5 minutes. Draw MgSO4 level before second dose.

Seizures recur, despite adequate dose of MgSO4?

- yes
  
  Treat with lorazepam, 1 to 2 mg IV push. Repeat in 5 minutes if needed.