

POLICY: 554.72
TITLE: Preeclampsia/Eclampsia

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

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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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, 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.

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

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
ADVANCED BLS AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	
ADVANCED ALS AIRWAY: if GCS is < 8 and not rapidly improving, consider ETI.				X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: if pulse oximetry <94% or signs of respiratory distress or hypoperfusion or seizures.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	

	F	E	O	P	D
TEST FOR GLUCOSE		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	
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 < 70gm/dL, repeat 1 mg IM.				X	
PRE-ECLAMPSIA					
TRANSPORT: Mother placed on left side if time permits. Try to maintain a quiet environment.	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