

ECLAMPSIA

DEFINITION

- **Occurrence of fits (convulsion) in a case of pre-eclampsia syndrome**
- **Can occur during pregnancy, labour and after delivery (post- partum)**

Differential diagnosis

- Any conditions that present with fit
s/a
- - Cerebral malaria,
- - Epilepsy,
- - Meningitis,
- - CVA,
- - Brain tumour etc

Signs and Symptoms

- **Symptoms**
- **Headache, blurring of vision, flashes in the eyes**
- **Epigastric pain, vomiting**
- **Oliguria, rapidly progressing non-dependent oedema**

- **Signs**
- **BP - equal or more than 160/110 mmHg**
- **Hyper-reflexia (exaggerated knee jerks and ankle clonus)**
- **Significant proteinuria**

Management

- **General management**
- **Control of fits**
- **Control of hypertension**
- **Delivery**

General management

- **Nursing care in dark, quiet place**
- **Airway – keep airway patent, mouth gag, tongue depressor, suction of mucous secretion**
- **Breathing – oxygen inhalation by nasal tube**

- **Circulation – open IV line with cannular, splint**
- **Fluid balance – Intake out put chart, monitor fluid intake because of danger of pulmonary oedema**

Control Of Fits

- **Magnesium sulphate –It is a drug of choice decreases neuromuscular excitation, cerebral decompression**
- **Dose – IV 4 G very slowly over 10 - 15 minutes**
- **- Followed by IV infusion 1 G per hour for 24 hours after the last attack and**
- **- IV 2 – 4 G prn**
- **- (or) IM 5 G four hourly**

- **Monitor**
- **Respiratory rate (more than 16, if shallow and**
- **< 16 – stop the MgSo4 infusion)**
- **Knee jerks (must present, if knee jerks absent – stop MgSo4 infusion)**
- **Urine out put – should be more than 25 ml/ hr**

Control of Hypertion

- **Nifedipine**
- - **10 mg sublingually**
- - **check the BP every 15 minutes**
- - **can repeat the dose if BP is still high at interval of 30 min up to five doses**

- **IV Hydralazine**
- **- 5 mg stat**
- **- repeat the dose at interval of 20 -30 min if BP is still high or**
- **- infusion of hydralazine 60 mg in N/S 500 ml – 10 drops/min and titrate according to BP which is checked every 15 minutes**
- **IV Labetolol 20 mg**

Delivery

- **Definitive treatment of PE and Eclampsia is delivery of fetus and placenta**
- **Consider after controlling the condition**
- **If patient is in labour and about to deliver, augment with oxytocin and shorten second stage**

- **If the patient is not in labour deliver by urgent LSCS**
- **Paediatrician should be present at the time of delivery**

Post Delivery Care

- Risk of postnatal eclampsia is about 1/3
- Continue monitoring and sedation
- Tail off MgSO₄ infusion
- Can start breast feeding if the patient is well conscious

- **Monitor urine output, Intake output chart, diuresis occur after delivery and condition becomes improve**
- **Advice importance of regular follow up and postnatal check to know the persistence of HT**
- **Risk of recurrence**