

The algorithm of actions of emergency pre-hospital care in eclampsia

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PLAN:

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Eclampsia

The presence of seizures. This tonic-clonic seizures common, non-epileptic or other known pathology.



Emergency symptoms

- Loss of consciousness and seizures.
- Headache
- High blood pressure
- Nephropathy
- Usually a seizure begins with small twitching of facial muscles, then tonic convulsions of the muscles of the body to stop breathing and loss of consciousness, then there clonic spasms of muscles of the trunk and limbs, can be released frothing at the mouth, and then the patient goes into a coma.
- Often this is accompanied by fetal death from lack of oxygen, can also be killed and a pregnant woman from suffocation, brain hemorrhage, brain edema and lung.



ALGORITHM OF EMERGENCY CARE

Position the patient on the left side

Protect from damage, but do not hold actively



Assessment of the state of women

- 1) Seizures (tonic or tonic-clonic) and loss of consciousness
- 2) blood pressure of 140/90 mm Hg or higher
- 3) Severe swelling all over the body
- 4) The amounts of protein in urine of greater than 0.3 gr/l

Provide oxygen during and after an attack of convulsions following order

Open mouth with a gag

**To prevent the tongue to hold it
glossotilt or maintain the mandible**

**When you save a spontaneous breathing
to release the oral cavity from the
secretions and to provide air into the
airway to enter the air duct**


**In the absence of
spontaneous breathing to
provide ventilation through a
mask and Ambu bag**

To prevent cramps, and blood pressure lowering should:

Catheterization of peripheral vein with the catheter (№14-16)



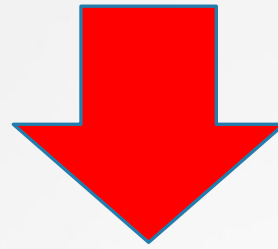
Introduce intravenously slowly for 10-15 minutes. Magnesium sulfate 25% -20ml (starting dose)



Then infusion of magnesium sulfate 25% to 80 ml per 320 ml of sodium chloride solution at a pace 11-22 drops minute (maintenance dose)

- In repeated convulsions 25% - 10.0 ml / in
- With continuing convulsive diazepam in / slow 10 mg (20 mg). In the absence of effect - the ventilator.
- The maintenance dose rate of 1.0-2.0 grams / hour Sukhov substance magnesium sulfate (80.0 ml of 25% to 320.0 ml saline: 11 drops minute - 1.0 grams, 22 drops minute - 2 0 grams)







***Catheterization of the bladder
(For counting diuresis)***



***When continuing hypertension
160/110 mm Hg and higher with
magnesia therapy requires further
appointment of antihypertensive
drugs according to the protocol of
diagnosis and treatment***



After first aid was provided in eclampsia, the patient is transported on a stretcher with a raised upper torso into an intensive care unit.



Eclampsia is not an absolute indication for immediate delivery, it is necessary to stabilize the condition of the pregnant.

Delivery on the background of the stabilization the state for 12 hours in view of availability of the birth canal

Treatment in intensive care after delivery for at least 48 hours

Conclusion

So all knowledge of this pathology clinic gives a large percentage of the provision for measures to provide emergency medical assistance to women.

References:

1) Clinical Protocols

2) <http://www.medical-enc.ru/26/eclampsia.shtml>

3) <http://www.medpunkt.ru/eklampsiya.html>



**THANK YOU FOR
ATTENTION!**