

Table 1. Nursing Assessment Frequency

A. Preeclampsia Without Severe Features (Mild)

	Preeclampsia without Severe Features (mild)		
	Antepartum*	Intrapartum*	Postpartum*
BP, Pulse, Respiration, SaO2	Every 4 hours	Every 60 min	Every 4 hours
Lung sounds	Every 4 hours	Every 4 hours	Every 4 hours
Deep consciousness	Every 8 hours	Every 8 hours	Every 8 hours
Edema			
Assessment for headache, visual disturbances, epigastric pain			
Fetal status and uterine activity	Every shift	Continuous	N/A
Temperature	Per facility protocol		
Intake and output	Every 1 hour with totals every 8 and 24 hours		

*This is the minimum frequency recommended for the patient NOT on magnesium sulfate.

B. Severe Preeclampsia Nursing Assessment Frequency

	Severe Preeclampsia Intrapartum and Postpartum for women on Magnesium Sulfate
BP, Pulse, Respiration, SaO2	<ul style="list-style-type: none"> • Every 5 mins during loading dose and q30 mins during maintenance of magnesium sulfate infusion • Can change to every 60 mins if any one or more of the following criteria are met: <ul style="list-style-type: none"> ○ Preeclampsia without severe features (mild) ○ BP stable without increases for a minimum of 2 hours ○ No antihypertensives within last 6 hours ○ Antepartum patient ○ Latent phase of labor • Continuous SaO2 during magnesium infusion for intrapartum. For postpartum patient, check with vital signs
Lung sounds	Every 2 hours
Deep tendon reflexes & clonus, Level of consciousness Edema Assessment for headache, visual disturbances, epigastric pain	Every 4 hours
Temperature	Per facility protocol
Intake and output	Intake: <ul style="list-style-type: none"> • IV solutions and medication drips should all be on a pump • Total hourly intake should be ≤ 125 ml/hr • NPO with ice chips or as permitted by practitioner Output: <ul style="list-style-type: none"> • Insert foley with urometer Calculate hourly, end of shift, and 24-hour totals
Fetal status and uterine activity	Continuous fetal monitoring

C. Post Eclamptic Seizure and Magnesium Sulfate Toxicity

Post Eclamptic Seizure and Magnesium Sulfate Toxicity for Ante, Intra and Postpartum	
BP, Pulse, Respiration	Every 5 min until stable
O2 Sat & LOC	Every 15 min for a minimum of 1 hour
Fetal Assessment and Uterine Activity	Continuous

D. Acute BP Treatment with IV Medication

Acute BP Treatment with IV Medication: Ante, Intra and Postpartum	
BP, Pulse, Respiration	Every 5-15 min until stable
SAO2 and LOC	Every 5-15 min for a minimum of 1 hour
Fetal assessment and uterine activity	Continuous

EVIDENCE GRADING

Level of Evidence: III-C

REFERENCES

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