

P200 The new algorithm of clinical management for severe pre-eclampsia

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Preeclampsia is a dangerous pregnancy complication with increasing significance worldwide. The incidences of PE are 5 to 14% of all pregnancies in the world, contributes to 18% of preterm birth, and 10%-27% of global maternal deaths worldwide, while severe PE can develop to about 25 % of all cases of preeclampsia.

Severe preeclampsia may lead to liver and renal failure, disseminated intravascular coagulopathy (DIC), and disorders of the central nervous system (CNS).

Preeclampsia is the permanent cause of neonatal mortality and morbidity. Early optimal clinical management for severe PE at all levels of hospital care is required for better maternal as well as perinatal outcomes. We presented the new algorithm of clinical management for severe pre-eclampsia "CALM DOWN". CALM DOWN is the special mnemonic that means "step by step strategy" for the medical teamwork. "C" is Calling for help (duty doctors and anesthesiologist with fixation of actual time). "A" is Assessment (assess the airway, auscultation, re-measure blood pressure, pulse rate, oxygen saturation, fetal heartbeats, assess the patient consciousness). "L" is Low blood pressure (antihypertensive therapy). "M" is Magnesium (intravenous therapy is with a bolus dose of diluted magnesium sulfate). Pause is evaluated on the effectiveness of prescribed medications (goal of BP < 150-160/90-100 mm Hg is recommended). "D" is Decision (decide about further management. Transfer to the intensive care unit or operating theatre or delivery room, depending on gestational age and patient`s condition). "O" is Oliguria (fluid restriction in preeclampsia is recommend no more than 60-80 mL/h of IV fluids). "W" is fetal Wellbeing (monitor fetal well-being with Doppler assessment). "N" is parturition (delivery is the best treatment for all women with severe preeclampsia regardless of gestational age). We have proposed the new algorithm for medical teamwork "CALM DOWN" in the cases of severe preeclampsia that will allow systematizing and optimizing the participation of each member of the team in the provision of emergency care and improving effectiveness clinical management.