Now what? Interesting Cases in Obstetrics

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What do I do now?

- 26 yo. G 4 P3003 thinks she is 33 weeks in a normal well dated pregnancy brought to E.R near unresponsive
- She has a headache some shortness of breath can't speak long enough to give a complete history husband is coming in from home not here yet
- Vitals BP 175/110 RR 30 P 120 percutaneous O2 91%

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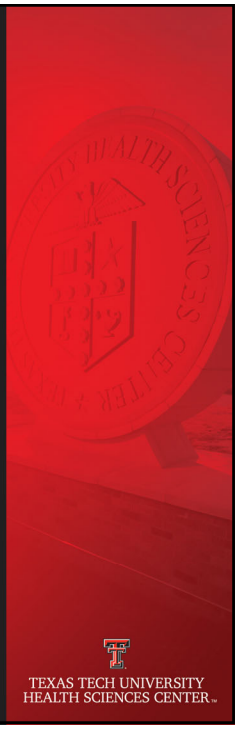
What do you want me to do Doctor?

Choice 1: pulmonology or cardiology consult
Choice 2: labetalol 10mg I.V. push
Choice 3: hydralazine 10 mg I.V. push
Choice 4: listen to her lungs

Choice 1

Sorry doctor they are on vacation TOGETHER and wont be back until next week if their respective partners let them back in the house



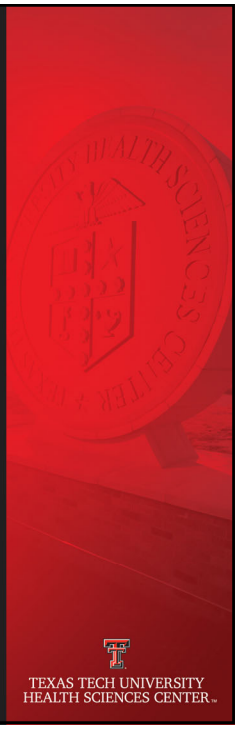
Choice 2 3 minutes later

Doctor she seems worse Blood pressure is now 200/140 pulse 140 respiratory rate 40 p O2 87%, What should I do now?

1. Labetalol 10mg I.V stat
2. Magnesium sulfate 4 grams I.V. and start drip
3. Ventolin 2.5 mg per inhaler treatment
4. Ipratropium 500mcg per inhaler treatment
5. Call anesthesia stat

Repeat labetalol to treat her hypertension

1. What happened is if did number one likely respiratory followed by cardiac arrest 80/20 mother wont survive fetus might without damage if sectioned within 10 minutes of CPR
2. What happened if I did number 2 magnesium actually might help with this asthma attack it is a direct smooth muscle relaxer. Patient will still need respiratory support.
3. What happens if I did number 3. Probably little to no effect because you already blocked the pulmonary beta receptors for 4 to 6 hours.
4. What happened if I did number 4. She might be improving because you did not affect the acetylcholine system at all but the ipratropium takes a little longer than we are used to with beta mimetics.
5. What happened if I did number 5. hopefully they realize this is asthma and maximize patient before they probably intubate this patient.



What happens if I did number 3 originally?

BP 155/110
RR 30
P 150
O2 sat 90%

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What happened if I listened to her lungs?

- Difference in someone short of breath, asthma and hypoxia
- Asthma short inspiration and small inspired volume
- Hypoxia long inspirations bigger volumes

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Different Patterns of Fatal Asthma

	Scenario of asthma death	
Variable	Type 1	Type 2
Time course	Subacute worsening (days). 'Slow onset – late arrival'	Acute deterioration (hours). 'Sudden asphyxic asthma'
Frequency	≅ 80–85%	≅ 15–20%
Airways	Extensive mucous plugging	More or less 'empty' bronchi
Inflammation	Eosinophils	Neutrophils
Response to treatment	Slow	Faster
Prevention	Possible	(?)

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What's Next?

Presume ALL patients you do not know and some you do know and all unconscious patients have asthma until proven otherwise

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What do I do now?

- You are on call for walk ins at Labor and delivery
- Dr Ob/Gyn we have a primipara at 35 weeks came in complaining of headache and having some abdominal cramping.
- I already ordered and received results on her pre-eclamptic labs and they are all normal
- Her blood pressure is 160/95 RR is 24 Pulse 96 O2 sat 95%

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Medical Problems

HYPERTENSION?, ASTHMA?, ALLERGIES? and DRUG REACTIONS?

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Acute Treatment of Hypertension in LABOR

- In labor I treat to 140/90 but I err on the side of overtreatment.
- I recommend you use the ACOG algorithms, you and your nursing staff are familiar with them.

What do I do now?

- Her blood pressure is 185/115 pulse 88 RR 22 pO2 96%
- What is the first thing you want to know?

Byrne's treatment of severe hypertension

Clonidine p.o. either 0.1, 0.2, 0.3. Start an identical dosage clonidine patch at the same time. I sit on my hands for 30 minutes then I give hydralazine 10 to 20 mg iv push. If hydralazine has no effect I will give short acting nifedipine 10 mg po and repeat in 30 minutes if needed.

Clonidine

An alpha 2 agonist. The alpha two system is a feedback system for the sympathetics it cause cessation of epinephrine or norepinephrine release at a side junction of the same nerve that is releasing it. Useful at low doses in patients with difficult to control hypertension or angina who are pregnant. Most useful form is a patch available in 0.1, 0.2, 0.3 mg /hour dose release. The patch works for a week.

Combative Hypertensive

Severe hypertensive start with anesthesia and dexmedetomidine.

Moderate hypertension think about Thorazine 25 mg iv

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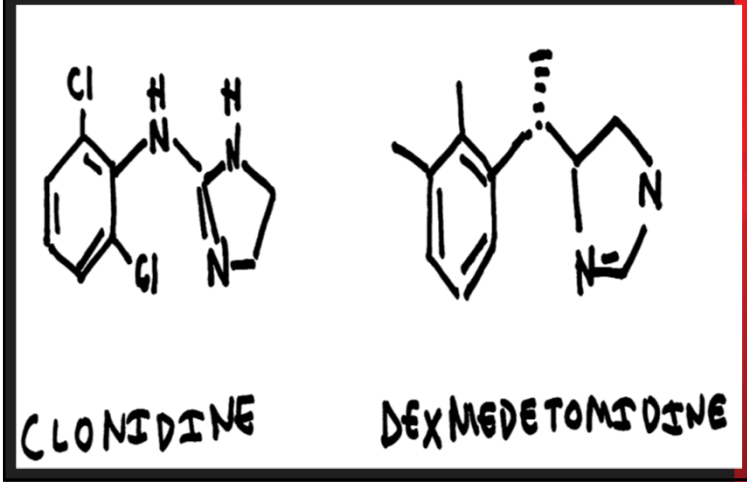

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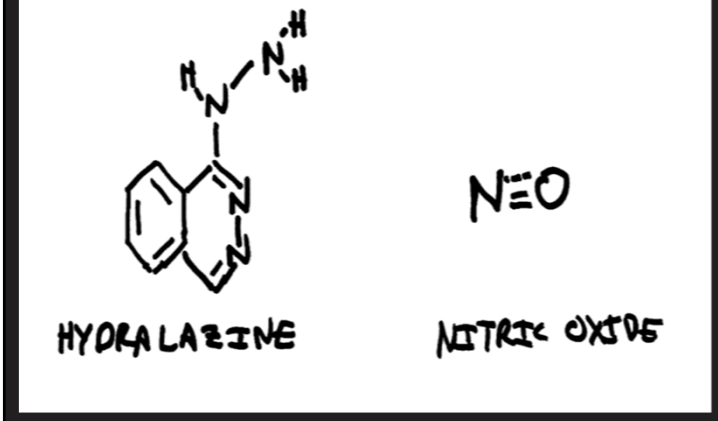

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What to do if none of this works

Call 405-397-5500 or anesthesia they will help you and they know their drugs probably better than me.

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