Think like an EMT by Richard Main, M.Ed., NRP

I remember the call like it was yesterday. I was on duty and my pregnant wife called me on the station phone and said something was wrong. To set the stage we were still newlyweds expecting our first child. The fire department I worked for at the time did not pay enough to cover adding a spouse to the health insurance. We instead opted to buy her private insurance, but it did not cover a standard maternity, only emergencies. We attempted to find an obstetrician that we could afford. We were unsuccessful and had to opt for a midwife. We continued on with regular visits and as the pregnancy progressed her blood pressure started to climb. As we neared the 40th week the midwife voiced some concern about the blood pressure, but stated it was common and not to stress about it too much. I however did stress about it, but was in a position in which there wasn't anything we could do. I was hopeful she would deliver avoiding the progression to severe preeclampsia placing her and the baby at risk.")

Back to the night at hand, I called dispatch and advised I was responding to my home for an obstetrical emergency and gave the address. Upon my arrival she was clearly having a problem. She was complaining of a dyspnea, headache, and seeing spots. My partner began providing oxygen while I took her blood pressure. It had spiked to 190/110 mmHg. We were 30 minutes from the closest hospital so we loaded her into the ambulance and initiated a transport without lights and sirens as to not increase her anxiety and push her into eclampsia. I started an IV and placed her on the cardiac monitor.

The community in which I worked at the time had just implemented a revised preeclampsia protocol to administer 2 grams of magnesium sulfate IV over 10-minutes. I elected to contact labor and delivery just to give them a heads-up that we were on our way and that I was preparing to administer magnesium. And that's when it happened. The L&D nurse came back over the radio and stated DO NOT administer magnesium. I thought to myself, "What did she just say?" Well what do I do now? We still had a significant amount of time until we arrived at the hospital and I was just told not to treat my patient. Not to treat my wife and unborn son. Eclampsia has a 40% mortality rate for mom and baby and I was just told not to administer the medication she needed. As I am now contemplating my situation I

started to reassess my patient. Her tachycardia persisted and her BP had not changed. As I go to hold her hand and comfort her both her arms began to shake uncontrollably. What do I do? Do I listen to the L&D nurse or do I follow our relatively new protocol? I grabbed the magnesium out of my drug box and a 50 ml bag and began preparing a piggyback. I administered the magnesium per protocol and after a few minutes the shaking began to subside and her BP had decreased slightly. I had prevented her from becoming eclamptic and now needed to deal with an L&D nurse whom I knew would not be happy with me.

Upon my arrival I gave my report to the L&D nurse who, as expected, was angry that I had administered magnesium after she told me not to and she would be contacting my supervisor to lodge a complaint. But there was something that the nurse had not taken into consideration. She cannot give me an order. I was operating under protocol. After the dust had settled the on-call obstetrician elected to continue the magnesium and upon his arrival decided it was best to perform an emergency cesarean section. He delivered a magnesium lethargic, but healthy 7-pound baby.

If you are placed in a similar position make contact with the emergency department of the receiving facility and ask to speak with the emergency room doctor as an added layer of protection.

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