



AMOSS Condition specific form

ECLAMPSIA

Section 1: Previous pregnancies

- 1.1 Previous history of preeclampsia YES NO NOT KNOWN
- 1.2 Previous history of eclampsia YES NO NOT KNOWN

Section 2: Previous medical history

Please indicate whether any of the following were present prior to the pregnancy:

- 2.1 Chronic hypertension YES NO NOT KNOWN

If yes, please list any antihypertensive medication/treatment the woman was receiving prior to pregnancy

- 2.2 Chronic renal failure YES NO NOT KNOWN

If yes, please indicate the treatment received prior to pregnancy

Diuretics

Dialysis

Fluid and diet restriction

Other

please specify _____

Section 3: This pregnancy

- 3.1 Did the woman attend the standard schedule for antenatal care?

YES NO UNKNOWN

- 3.2 Was pre-eclampsia diagnosed prior to eclampsia?

YES NO UNKNOWN

If yes, was the woman admitted to hospital before the eclamptic fit?

No, not admitted

Admitted as a day patient to an assessment clinic

Admitted as an inpatient

3.3 Was treatment for hypertension commenced/changed during this pregnancy?

YES NO UNKNOWN

If yes, please tick all treatments used (please tick all that apply)

	Yes	Agent
Oral anti-hypertensive medication		
IV anti-hypertensive medication		
Other		

3.4 Symptoms and signs evident **in the week prior** to first eclamptic fit:

3.4a Blood pressure Highest systolic recorded mm/Hg

Highest diastolic recorded mm/Hg

Or, no record available/not measured in preceding week

3.4b Proteinuria Please specify highest proteinuria of + or more on dipstick

Or amount of protein in 24hr collection g

Or spot urinary protein/creatinine ratio mg/mmol

Or, no record available/not measured in preceding week

3.4c Premonitory symptoms (tick all that apply)

Visual Disturbance YES NO

Headache YES NO

Epigastric pain YES NO

Sudden onset facial oedema YES NO

Hyper-reflexia YES NO

Other YES NO

-please specify _____

Section 4: Details about the eclampsia

4.1 Date of first eclamptic fit: //

4.2 When did this first eclamptic fit occur during parturition?

antepartum intrapartum postpartum

If postpartum, how many days postpartum? days

4.3 Where did the first eclampsia occur?

Home GP/clinic hospital with maternity services Hospital without maternity services Unknown

Other Please specify location _____

If in hospital, which department?

Emergency Department Outpatients department

Birth suite Operating suite Recovery room Maternity ward

Other (please specify) _____

4.4 At what gestation did this first eclamptic fit occur? weeks

4.5 How many eclamptic fits did this woman have in total? Don't know

4.6 Clinical signs during or after eclamptic fit (worst recorded result):

4.6a Blood pressure Highest systolic recorded mm/Hg
Highest diastolic recorded mm/Hg
Or, no record available/not measured

4.6b Proteinuria Please specify highest proteinuria of + or more on dipstick
Or amount of protein in 24hr collection g
Or spot urinary protein/creatinine ratio mg/mmol
Or, no record available/not measured

4.6c Laboratory results (worst recorded result)

Lowest platelet count x 10⁹/L

Highest plasma aspartate aminotransferase (AST) iu/L

Highest plasma alanine aminotransferase (ALT) iu/L

Was haemolysis demonstrated on full blood examination? YES NO

4.6d Associated signs & symptoms (tick all that apply)

Visual Disturbance YES NO

Headache YES NO

Epigastric pain YES NO

Hyper-reflexia YES NO

Nausea/vomiting (needing medication) YES NO

4.7 Please indicate the treatment for the eclamptic fit/s below:

Agent	Administered before fit	Administered during fit	Administered after fit	Administered IV or IM
Magnesium sulphate				
Diazepam				
Phenytoin				
Other _____				

4.8 If magnesium was given as a continuous intravenous infusion:

Were serum magnesium levels taken? YES NO

If yes, how many times during a 24 hour period that the infusion was running?

How many times was the respiratory rate recorded in the first 24 hours of magnesium infusion?

How many times was the deep tendon reflex recorded in the first 24 hours of magnesium infusion?

Please indicate how often the urinary output recorded in the first 24 hours of magnesium infusion?

Mainly hourly

Mainly 2 hourly

Mainly 4 hourly

Once a shift

Not recorded

4.9 Were anti-hypertensives used following an eclamptic fit? YES NO

If yes, please specify agent: _____

4.10 Did the woman suffer any of the following complications of eclampsia?

Cerebro-vascular haemorrhage YES NO

Acute renal failure YES NO

Acute pulmonary oedema YES NO

HELLP syndrome YES NO

Disseminated intravascular coagulopathy (DIC)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Obstetric haemorrhage (≥ 1000 mL)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Acute blindness	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Sub-capsular liver haemorrhage	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other complication? Please specify _____		

Section 5: Post discharge plan

5.1 Was the woman discharged home on anti-hypertensive medication?

YES NO UNKNOWN

5.2 Was a referral made to a physician for postpartum follow up?

YES NO UNKNOWN

5.3 Were there any noted concerns about this woman's discharge?

YES Please specify _____
 NO UNKNOWN

Any other information?

Please use this space to enter any other information you feel may be important
