

# HELLP SYNDROME PATHOCHART

## PATHOPHYSIOLOGY

HELLP syndrome is a life-threatening condition that can potentially complicate pregnancy. Some propose that HELLP is a severe form of preeclampsia, others believe that HELLP syndrome is an independent condition. There is damage in the blood vessels and breakdown of red blood cells (hemolysis), which activates the clotting cascade. This leads to consumption of platelets and clotting factors and ultimately causes necrosis of liver cells. This can lead to multiorgan dysfunction and failure if not treated promptly. Although the cause of HELLP syndrome is unknown, certain risk factors include a maternal age of older than 34 years, multiparity, and European descent

**H** Hemolysis

**EL** Elevated LFTs

**LP** Low Platelets

## ASSESSMENT FINDINGS

- RUQ pain
- Nausea/vomiting
- Jaundice
- Altered LOC
- Bleeding
  - Petechiae/Purpura
  - Easy bruising
  - Hematoma/hemorrhage

## DIAGNOSTICS

- CBC (low platelets, hemolysis)
- Liver Panel (elevated LFTs, bilirubin)
- Coagulation studies (prolonged clotting times)
- Clinical findings

## NURSING PRIORITIES

- Ensure optimal perfusion
- Manage bleeding
- Maintain safety / prevent injury

## THERAPEUTIC MANAGEMENT

- Termination of the pregnancy (via delivery of the baby if possible) is warranted to save the life of the mother and baby, especially in the presence of multiorgan dysfunction.
  - Prepare for emergency c-section

## MEDICATION THERAPY

- Blood transfusion
- Clotting factors
- Possible use of corticosteroids to enhance lung maturity before delivery (controversial)