**Topic:** Maternity service team review and document sequence of events, successes with and barriers to swift and coordinated response to preeclampsia with severe features.

**Goal:** Reduce time to treatment (< 60 minutes) for new onset severe hypertension (≥160 systolic OR >110 diastolic) with preeclampsia or eclampsia or chronic/gestational hypertension with superimposed preeclampsia (include patients from triage, L&D, Antepartum, PP, ED) in order to reduce preeclampsia morbidity in Illinois.

**Instructions:** Complete within 24 hrs. after all cases of new onset severe hypertension (>160 systolic or >110 diastolic) event in pregnancy up to 6 wks postpartum. Debrief should include primary RN and primary MD to identify opportunities for improvement in identification and time to treatment of HTN.

**Date of severe maternal HTN event:**\_\_\_\_\_\_\_\_\_\_\_\_

**HTN event occurred postpartum?** 🞎 YES 🞎 NO

**GA at HTN Event (weeks & days) OR # Days PP:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maternal Race/Ethnicity (check all that apply):** 🞎 White 🞎 Black 🞎 Hispanic

🞎 Asian 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_

**Diagnosis (select all that apply):** 🞎 Chronic HTN 🞎 Gestational HTN 🞎 Preeclampsia

🞎 Superimposed Preeclampsia 🞎 Postpartum Preeclampsia 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_

**Blood Pressure at initiation of antihypertensice treatment (SBP/DBP):** \_\_\_\_\_\_\_\_\_\_\_

*\*Record the confirmatory or repeat severe range BP measured prior to giving anti-HTN medications, if more than one confirmatory or repeat BP collected record the highest BP\**

**How long after the BP reached systolic ≥160 and/or diastolic ≥110 and persistent for 15 minutes was first BP medication given?** 🞎 <30 minutes 🞎 30-59 minutes

🞎 ≥60 minutes 🞎 No action taken/ Missed opportunity

**PROCESS MEASURE - Discharge Management**

**Discharge Education:** Education materials about preeclampsia given?

🞎 YES 🞎 NO

**Follow-up Appointment:** Follow-up appt scheduled within 10 days

(for all women with any severe range hypertension/preeclampsia)

🞎 YES 🞎 NO

**Adverse Maternal Outcome (check all that apply):**

🞎 OB Hemorrhage with transfusion of ≥ 4 units of blood products

🞎 Intracranial Hemorrhage or Ischemic event

🞎 Pulmonary Edema 🞎 ICU admission 🞎 HELLP Syndrome

🞎 Oliguria 🞎 Eclampsia 🞎 DIC

🞎 Renal failure 🞎 Liver failure 🞎 Ventilation

🞎 Placental Abruption 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_ 🞎 None

***COMMENTS about Medical Management, Monitoring, Discharge***

**Was Magnesium Sulfate administered?** 🞎 YES 🞎 NO

**GA at Delivery (weeks & days):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_