

New York State Department of Health Preeclampsia Early Recognition Tool (PERT)

ASSESS	NORMAL (GREEN)	WORRISOME (YELLOW)	SEVERE (RED)
Awareness	Alert/oriented	<ul style="list-style-type: none"> • Agitated/confused • Drowsy • Difficulty speaking 	<ul style="list-style-type: none"> • Unresponsive
Headache	None	<ul style="list-style-type: none"> • Mild headache • Nausea, vomiting 	<ul style="list-style-type: none"> • Unrelieved headache
Vision	None	<ul style="list-style-type: none"> • Blurred or impaired 	<ul style="list-style-type: none"> • Temporary blindness or blind spots
Systolic BP (mm Hg)	100-139	140-159	≥160
Diastolic BP (mm Hg)	50-89	90-109	≥110
HR	61-110	111-129	≥130
Respiration	11-24	25-30	<10 or >30
SOB	Absent	Present	Present
O2 Sat (%)	≥95	91-94	≤90
Pain: Abdomen or Chest	None	<ul style="list-style-type: none"> • Nausea, vomiting • Chest pain • Abdominal pain 	<ul style="list-style-type: none"> • Nausea, vomiting • Chest pain • Abdominal pain
Fetal Signs	<ul style="list-style-type: none"> • Category I • Reactive NST 	<ul style="list-style-type: none"> • Category II • IUGR • Non-reactive NST 	<ul style="list-style-type: none"> • Category III
Urine Output (ml/hr)	≥50	30-49	≤30 (in 2 hrs)
Proteinuria (Level of proteinuria is not an accurate predictor of pregnancy outcome)	Trace	<ul style="list-style-type: none"> • ≥ 1+** • ≥300mg/24 hours 	<ul style="list-style-type: none"> • 3+ or greater on 2 samples 4 hours apart*** • ≥ 5 Gms/24 hours***
Platelets	>100	50-100	<50
AST/ALT	normal	1-<2x normal	2x normal or greater
Creatinine	≤0.8	0.9-1.1	≥1.2
Magnesium Sulfate Toxicity	<ul style="list-style-type: none"> • DTR +1 • Respiration 16-20 	<ul style="list-style-type: none"> • Depression of patellar reflexes 	<ul style="list-style-type: none"> • Respiration <12

YELLOW = WORRISOME		RED = SEVERE	
Increase assessment frequency		Trigger: 1 of any type listed below	TO DO
# Triggers	TO DO		
1	<ul style="list-style-type: none"> • Notify provider & charge nurse 	1 of any type	<ul style="list-style-type: none"> • Notify provider & charge nurse • Immediate evaluation • Transfer to higher acuity level • 1:1 staff ratio
≥2	<ul style="list-style-type: none"> • Notify provider & charge nurse • In-person evaluation • Order labs/tests • Anesthesia consult • Consider magnesium sulfate • Supplemental oxygen 	Awareness	<ul style="list-style-type: none"> • Consider Neurology consult
		Headache	<ul style="list-style-type: none"> • CT Scan
		Visual	<ul style="list-style-type: none"> • R/O SAH/Intracranial hemorrhage
		BP	<ul style="list-style-type: none"> • Labetalol/hydralazine in 15 minutes • Magnesium sulfate loading or maintenance infusion
		Chest pain	<ul style="list-style-type: none"> • EKG, Consider CT angiogram
		Respiration	<ul style="list-style-type: none"> • O2 at 10L per rebreather mask
		SOB	<ul style="list-style-type: none"> • R/O pulmonary edema
		O2 SAT	<ul style="list-style-type: none"> • Chest x-ray
GREEN = NORMAL Proceed with Protocol			
		** Physician should be made aware of worsening or new-onset proteinuria.	