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

**Patient Location** ***(check all that apply)*** 🞎 Triage 🞎 L&D 🞎 Postpartum

🞎 Antepartum 🞎 ED

**Maternal Age: \_\_\_\_\_\_\_\_\_ Height:\_\_\_\_\_\_\_\_\_ Current Weight:\_\_\_\_\_\_\_\_\_\_\_**

**Diagnosis:** 🞎 Chronic HTN 🞎 Gestational HTN 🞎 Preeclampsia

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

**PROCESS MEASURE (P1): Medical Management**

|  |  |
| --- | --- |
| **Time: hh:mm** | **Measure** |
|  | **BP reached ≥160 or diastolic >110 (sustained >15 min)** |
|  | **First BP med given** |
|  | **BP reached <160 and diastolic BP <110** |

**Medications (check all given)**

|  |  |  |
| --- | --- | --- |
| **Medications** | **Dosage(s) given** | **Reason not given** |
| 🞎 Labetalol |  |  |
| 🞎 Hydralazine |  |
| 🞎 Nifedipine |  |
| Magnesium Sulfate **Bolus** | 🞎 4gm 🞎 6gm 🞎 Other |  |
| Magnesium Sulfate **Maintenance** | 🞎 1gm/hr 🞎 2gm/hr  🞎 3gm/hr 🞎 Other |
| Any ANS (if <34 wks)? | 🞎 Partial Course 🞎 Complete Course 🞎 Not Given | |

**BALANCING MEASURE (B1,B2): Monitor Medical Management**

**B1.** Did diastolic pressure fall to <80 within one hour after meds given?

🞎 YES 🞎 NO

**B2.** If yes, was there corresponding deterioration in FH rate (Category 3)?

🞎 YES 🞎 NO 🞎 NA (for postpartum patients)

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

**OB Complications *(check all that apply)***

Transport In? 🞎 YES 🞎 NO Date:\_\_\_\_\_\_\_\_\_\_

Transport Out? 🞎 YES 🞎 NO Date:\_\_\_\_\_\_\_\_\_\_

**Adverse Maternal Outcome: Date:\_\_\_\_\_\_\_\_\_\_**

🞎 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

**Adverse Neonatal Outcome: Date:\_\_\_\_\_\_\_\_\_\_**

🞎 NICU/SCN admission 🞎 IUFD 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_ 🞎 None

**Maternal Race/Ethnicity *(check all that apply)*:**

🞎 White 🞎 Black 🞎 Hispanic 🞎 Asian 🞎 Other

**PROCESS MEASURE (P2) Discharge Management**

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

🞎 YES 🞎 NO

1. **Discharge Management:** Follow-up appt scheduled within 10 days

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

🞎 YES 🞎 NO

Was patient discharged on meds?

🞎 YES 🞎 NO

***If YES:*** Was follow up appointment scheduled in <72 hours?

🞎 YES 🞎 NO

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

## Opportunities for improvement to reduce time to treatment (identification severe HTN to treatment goal <60 minutes): De-brief

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TEAM ISSUES** | **Went well** | **Needs improvement** | **Comment** |  | **SYSTEM ISSUES** | **Went well** | **Needs improvement** | **Comment** |
| **Communication** |  |  |  | **HTN medication timeliness** |  |  |  |
| **Recognition of severe HTN** |  |  | **Transportation (intra-. inter-hospital transport)** |  |  |
| **Assessing situation** |  |  | **Support (in-unit, other areas)** |  |  |
| **Decision making** |  |  | **Med availability** |  |  |
| **Teamwork** |  |  | **Any other issues:** |  |  |
| **Leadership** |  |  |

**Debrief Participants:** Primary MD: 🞎 YES 🞎 NO Primary RN: 🞎 YES 🞎 NO