|  |  |  |  |
| --- | --- | --- | --- |
| **ASSESS** | **NORMAL****(GREEN)** | **WORRISOME****(YELLOW)** | **SEVERE****(RED)** |
| **Awareness** | Alert/oriented | * Agitated/confused
* Drowsy
* Difficulty speaking
 | * Unresponsive
 |
| **Headache** | None | * Mild headache
* Nausea, vomiting
 | * Unrelieved headache
 |
| **Vision** | None | * Blurred or impaired
 | * Temporary blindness
 |
| **Systolic BP** **(mm HG)** | 100-139 | 140-159 | ≥160 |
| **Diastolic BP** **(mm HG)** | 50-89 | 90-105 | ≥105 |
| **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 | * Nausea, vomiting
* Chest pain
* Abdominal pain
 | * Nausea, vomiting
* Chest pain
* Abdominal pain
 |
| **Fetal Signs** | * Category I
* Reactive NST
 | * Category II
* IUGR
* Non-reactive NST
 | * 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 | * > +1\*\*
* ≥300mg/24 hours
 |  |
| **Platelets** | >100 | 50-100 | <50 |
| **AST/ALT** | <70 | >70 | >70 |
| **Creatinine** | <0.8 | 0.9-1.1 | >1.2 |
| **Magnesium Sulfate Toxicity** | * DTR +1
* Respiration 16-20
 | * Depression of patellar reflexes
 | * Respiration <12
 |

Preeclampsia Early Recognition Tool (PERT)

**YELLOW = WORRISOME**

Increase assessment frequency

|  |  |
| --- | --- |
| **# Triggers** | **TO DO** |
|  1 | * Notify provider
 |
| ≥2 | * Notify charge RN
* In-person evaluation
* Order labs/tests
* Anesthesia consult
* Consider magnesium sulfate
* Supplemental oxygen
 |

\*\*Physician should be made aware of worsening or new-onset proteinuria

**GREEN = NORMAL**

Proceed with protocol

**RED = SEVERE**

|  |  |
| --- | --- |
| **Trigger: 1 of any type listed below** | **TO DO** |
| 1 of any type | * Immediate evaluation
* Transfer to higher acuity level
* 1:1 staff ratio
 |
| AwarenessHeadacheVisual | * Consider Neurology consult
* CT Scan
* R/O SAH/intracranial hemorrhage
 |
| BP | * Labetalol/hydralazine in 30 min
* In-person evaluation
* Magnesium sulfate loading or maintenance infusion
 |
| Chest Pain | * Consider CT angiogram
 |
| RespirationSOBO2 SAT | * O2 at 10 L per rebreather mask
* R/O pulmonary edema
* Chest x-ray
 |