

SEVERE HYPERTENSION DATA FORM

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
<input type="checkbox"/> Labetalol		
<input type="checkbox"/> Hydralazine		
<input type="checkbox"/> Nifedipine		
Magnesium Sulfate Bolus	<input type="checkbox"/> 4gm <input type="checkbox"/> 6gm <input type="checkbox"/> Other	
Magnesium Sulfate Maintenance	<input type="checkbox"/> 1gm/hr <input type="checkbox"/> 2gm/hr <input type="checkbox"/> 3gm/hr <input type="checkbox"/> Other	
Any ANS (if <34 wks)?	<input type="checkbox"/> Partial Course <input type="checkbox"/> Complete Course <input type="checkbox"/> 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:

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

A. Discharge Education: Education materials about preeclampsia given?

YES NO

B. 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

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

TEAM ISSUES	Went well	Needs improvement	Comment
Communication			
Recognition of severe HTN			
Assessing situation			
Decision making			
Teamwork			
Leadership			

SYSTEM ISSUES	Went well	Needs improvement	Comment
HTN medication timeliness			
Transportation (intra-, inter-hospital transport)			
Support (in-unit, other areas)			
Med availability			
Any other issues:			