

SEVERE HYPERTENSION SUSTAINABILITY COMPLIANCE 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 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 antihypertensive 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

Was Magnesium Sulfate administered? YES NO

GA at Delivery (weeks & days): _____

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):

- | | | |
|---|--|---|
| <input type="checkbox"/> OB Hemorrhage with transfusion of ≥ 4 units of blood products | <input type="checkbox"/> ICU admission | <input type="checkbox"/> HELLP Syndrome |
| <input type="checkbox"/> Intracranial Hemorrhage or Ischemic event | <input type="checkbox"/> Pulmonary Edema | <input type="checkbox"/> Eclampsia |
| <input type="checkbox"/> Oliguria | <input type="checkbox"/> Renal failure | <input type="checkbox"/> Liver failure |
| <input type="checkbox"/> Placental Abruption | <input type="checkbox"/> Other _____ | <input type="checkbox"/> None |

COMMENTS about Medical Management, Monitoring, Discharge