



SEVERE HYPERTENSION DATA AND DEBRIEF FORM

Topic: Maternity service team to review and document sequence of events and successes with and barriers to swift and coordinated response to severe maternal hypertension.

Goal: Reduce time to treatment to < 60 minutes for new onset severe hypertension (≥ 160 systolic OR ≥ 110 diastolic).

Instructions: Complete within 24 hours after all cases of new onset severe hypertension (≥ 160 systolic or ≥ 110 diastolic) in pregnancy. Debrief should include primary RN and primary provider to identify opportunities for improvement in identification and time to treatment of severe hypertension.

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: Medical Management

Time: hh:mm	Measure
	BP reached ≥ 160 or diastolic ≥ 110 (sustained >10-15 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	

GA at Delivery (weeks & days): _____

Transport In? YES NO Date: _____
 Transport Out? YES NO Date: _____

OB Complications (check all that apply)

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 AI/AN Black
 Hispanic Asian Native Hawaiian/Pacific Islander Other

PROCESS MEASURES: 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

Debrief Participants: Primary MD: YES NO Primary RN: YES NO Other participants: _____

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:			