## Hypertension in Pregnancy Team De-Briefing Form

Adapted from the FPQC OHI Toolkit / California Maternal Quality Care Collaborative Toolkit to Transform Maternity Care

**Topic:** The de-brief form provides an opportunity for maternity service teams to review then document sequence of events, successes and barriers to a swift and coordinated response to a hypertensive crisis during pregnancy.

**Instructions:** Complete as soon as possible, but no later than 24 hours after any new onset hypertensive crisis or severe features preeclampsia episode. During de-brief, obtain input from participants (all or as many as possible). Attach additional pages with notes as needed.

**Goal:** De-brief completed in 100% of all hypertensive crises that are new onset or severe features of preeclampsia. All de-briefs have at least Primary RN, and Primary MD who participates in the de-briefing session. Separately, enlist feedback from the patient and/or her family regarding her time in the hospital as well as events leading up to her hospitalization that she believes may be relevant. HCAHP survey may be used, but should also include opportunity for free-form narrative. This input should be incorporated into the case review.

*Definitions of New Onset Hypertensive Crisis and Preeclampsia with Severe Features are on the back of this sheet.*

**Thinking about how the hypertensive episode was managed…**

|  |  |
| --- | --- |
| **Were medications used? (if yes, check all that apply)**  Magnesium Sulfate  Labetalol  Hydralazine  Esmolol  Propofol  Calcium gluconate  Nifedipine  Steroids | **Check all that apply and note any that warrant comment:**  Patient Management   Fluid Management  Airway Management  Care during and post seizure, if indicated  Outpatient management of chronic hypertension, if indicated  Assessment for co-existing medical conditions  Timing of delivery  Postpartum assessment and care |
| **During the hypertensive episode, the patient required…**  Intubation  Central Line  Arterial Line  Admission to ICU  Admission to higher acuity unit (e.g., PACU) | Procedures  Accurate Blood Pressure Measurement documented  Early Recognition and Actions Taken  Proteinuria Assessed and Actions Taken  Nursing Assessment Protocol Followed and Actions Documented  **COMMENTS about medications, procedures, management:** |
| **Identify opportunities for improvement: “human factors” (Check if yes, describe)**   Communication needed improvement   Teamwork needed improvement   Leadership needed improvement   Decision-making needed improvement   Assessing needed improvement   Other  **Briefly describe:** | **Who participated in the debrief? (check all that apply)**   Primary MD/DO/CNM   Primary RN   Other RNs   Anesthesia   Blood bank staff   Pharmacy |
| **Identify what went well (Check if yes, describe)**   Communication went well  Decision making went well   Teamwork went well   Leadership went well  Assessing the situation went well   Other  **Briefly describe:** |  Lab team   Rapid Response team  **Other issues/concerns identified during debrief:** |

*Definitions of New Onset Hypertensive Crisis*

Severe increase in BP that can lead to a stroke, typically systolic ≥ 180, diastolic ≥120

*Definition of Preeclampsia with Severe Features*

* Systolic blood pressure greater than 160 mm Hg or diastolic blood pressure greater than 110 mm Hg (*check blood pressure within 15 minutes to confirm since persistent elevation greater 160 mm Hg or 110 mm Hg is a hypertensive emergency*)
* CNS symptoms (generalized tonic clonic seizure, headache or visual disturbances)
* Pulmonary edema
* Platelet count less than 100,000/microliter
* Elevation serum transaminases more than 2 times over baseline or ALT greater than 70
* Serum creatinine level greater than 1.1 mg/dL or doubling of serum creatinine
* HELLP syndrome