

Guidelines for EPIC Users

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Description of EPIC build:

This is a concise and efficient way for nurses to document patient debriefing. Additionally, it allows this documentation to easily be included in a report build for patient audits for this initiative.

- Add a new Group to select flowsheet templates. Title of group “**Briefing**”.
- This would contain a Row titled “**Event**” with multi select custom list items PPH, HTN Crisis, Shoulder dystocia, prolapsed cord, Other.
- Another row called “**Present**” with multi select custom list items patient, significant other, Extended family, RN, Charge RN, OB provider, Anesthesia Provider, Other

Briefing	Cascade selection
Event	PPH
	Hypertensive Crisis
	Shoulder dystocia
	Prolapsed Cord
	Other

Present	Patient
	Significant other
	Extended family
	RN
	Charge RN
	OB provider
	Anesthesia provider
	Other

Key Data Extraction Areas



SEVERE HYPERTENSION DATA FORM

Goal: Increase the percentage of pregnant and postpartum patients treated for persistent severe hypertension (SHTN) within 60 minutes of the first SHTN measurement.

Instructions: Document the following information for any persistent SHTN (definition in the back) occurring during pregnancy or up to 6 weeks postpartum, including patients in triage, ED, OBED, antepartum, L&D, and postpartum. OB unit includes OBED, antepartum, L&D and postpartum units.

STUDY ID: _____

Discharge Month _____ Year _____	Sat/Sun/Holiday discharge <input type="checkbox"/> Yes <input type="checkbox"/> No	Age _____	GA at event _____ wks OR # days PP at event _____	GA at delivery _____ wks <input type="checkbox"/> N/A
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Pt. declined to answer <input type="checkbox"/> Unknown	1ry Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> H.Creole <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Insurance (check all that apply) <input type="checkbox"/> Medicaid/Med plans <input type="checkbox"/> Private <input type="checkbox"/> Self-pay <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Delivery type: <input type="checkbox"/> Vaginal <input type="checkbox"/> Scheduled C/S <input type="checkbox"/> Emergency C/S <input type="checkbox"/> N/A
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> Unknown <input type="checkbox"/> Pt. declined to answer <input type="checkbox"/> Other _____			Dx at Discharge (check all that apply) <input type="checkbox"/> Chronic HTN <input type="checkbox"/> None <input type="checkbox"/> Gestational HTN <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Superimposed Preeclampsia <input type="checkbox"/> Eclampsia <input type="checkbox"/> HELLP

MEDICAL MANAGEMENT – FIRST SHTN EVENT

Measure	Time Hh:mm 24h	Pt. location (mark one) T=Triage AP=antepartum PP=postpartum
BP first reached ≥ 160 or diastolic ≥ 110		EMS ED OBED T AP L&D PP
Confirmatory BP ≥ 160 or diastolic ≥ 110		EMS ED OBED T AP L&D PP
First BP ≥ 160 or diastolic ≥ 110 in OB-unit		OBED T AP L&D PP
First antihypertensive BP med given		EMS ED OBED T AP L&D PP
BP reached < 160 and diastolic BP < 110		EMS ED OBED T AP L&D PP

Medications (check all given)	Followed protocol (dosage and timing)	Check First Medication Given
<input type="checkbox"/> Labetalol	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hydralazine	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nifedipine	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other antihypertensive _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Magnesium Sulfate Bolus	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Magnesium Sulfate Maintenance	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Reason antihypertensive and/or Magnesium were not given	
<input type="checkbox"/> Clinical Judgement <input type="checkbox"/> BP not confirmed <input type="checkbox"/> BP improved to nonsevere – all subsequent BPs were nonsevere <input type="checkbox"/> Immediate delivery planned	<input type="checkbox"/> Patient declined <input type="checkbox"/> Patient left AMA <input type="checkbox"/> Other _____ <input type="checkbox"/> Not documented/unknown

Did hypotension (systolic < 90 and/or diastolic < 50) occur within one hour of giving antihypertensive medication? ☐ YES ☐ NO

→ Was there corresponding deterioration in FHR? ☐ YES ☐ NO ☐ N/A

→ Were interventions for hypotension administered? ☐ YES ☐ NO

→ Was a cesarean performed due to hypotension? ☐ YES ☐ NO ☐ N/A

Adverse Maternal Outcome (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> OB hemorrhage with transfusion of ≥ 4 units of blood products | <input type="checkbox"/> Placental abruption |
| <input type="checkbox"/> Intracranial hemorrhage or ischemic event | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pulmonary edema | <input type="checkbox"/> ICU admission |
| <input type="checkbox"/> Oliguria | <input type="checkbox"/> DIC |
| <input type="checkbox"/> Renal failure | <input type="checkbox"/> Liver failure |
| | <input type="checkbox"/> Ventilation |
| | <input type="checkbox"/> None |

Adverse Neonatal Outcome:

- ☐ NICU/SCN admission ☐ IUFD ☐ Other _____ ☐ None ☐ Unknown ☐ N/A

Clinical Debrief/Case Reviews

Did the physician and RN debrief this case for treatment improvement opportunities?

☐ Yes ☐ No

If an SMM case, was an interdisciplinary case review conducted? ☐ Yes ☐ No ☐ N/A

DISCHARGE MANAGEMENT

	Yes	No
Were verbal & written PP warning signs given?	<input type="checkbox"/>	<input type="checkbox"/>
Was pt. verbally briefed on their persistent SHTN before discharge?	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient discharged on antihypertensive meds?	<input type="checkbox"/>	<input type="checkbox"/>
If yes → Were these antihypertensive meds provided prior to discharge?	<input type="checkbox"/>	<input type="checkbox"/>
Did the patient have a BP cuff to take home prior to discharge?	<input type="checkbox"/>	<input type="checkbox"/>
Was a PP Discharge Assessment (vital signs and response) conducted just prior to discharge?	<input type="checkbox"/>	<input type="checkbox"/>
How many days after discharge were appointments scheduled? (check all that apply)	<input type="checkbox"/> BP and symptoms check within 3 days	
	<input type="checkbox"/> 4-7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 15-21 days	
	<input type="checkbox"/> >21 days <input type="checkbox"/> Pt. instructed/not scheduled	

End Product: A concise report that facilitates efficient data extraction



DC Year Month	Hospital	Encounter CSN	First Severe BP Dept	First Severe Hypertension BP	First Severe Hypertension BP Taken	Confirmatory Hypertension BP Dep	Confirmatory Hypertension BP	Confirmatory Hypertension BP Taken	Med Given	Med Administered Time	First Normal BP after Med Admin	First Normal BP Taken after Med Admin
202506	ABC MEDICAL CENTER	xxx	OB ED	200/113	5/31/2025 6:45	OB ED	182/100	5/31/2025 7:01	LABETALOL HCL 5 MG/ML IV SOLN	5/31/2025 7:25	147/88	5/31/2025 8:01

Ethnicity	First Race	Gestation at Age in Weeks and Days	Preferred Language	Primary Financial Class	Primary Payor	Diagnosis	ICD10	DeliveryMethod	Birth Instant	Pat Age	Admission Instant	Discharge Instant	Debriefing
Non-Hispanic	Black	38 4/7	English	Medicaid HMO	HUMANA MEDICAID HMO	Gestational (pregnancy-induced) hypertension without significant proteinuria, complicating childbirth	O13.4	Vaginal, Spontaneous	5/31/2025 15:12	25	5/31/2025 6:25	6/2/2025 13:10	Patient; Significant other; Extended Family; RN;OB provider; Charge RN

This allows hospitals to include any FPQC materials they feel beneficial to the patient as part of their discharge paperwork.

- Create ETX (Smart Text) that has the handouts you want to display in the AVS
- Create CER (Rule) that has the parameters for the audience of the handout. (Created to include mothers with Living Status of “Living”, Associated ADT L&D Status and Patient Class)
- Create Print Group (LPG) copy from EPIC released 45633 that will include the ETX you created and CER.
- In the AVS report where you want the handout to display (item number 8110, 8100, 8120)
 - -Action (Insert After)
 - - Print Group (AVS Insert Pre- Clinical References)
 - - Print Group you created in step 3

Discharge Paperwork



Materials can be found on the FPQC website in the **toolbox**. Ensure that all materials selected are available in **English, Spanish, Creole** or whatever language to accommodate the patient population. This information will automatically be included in the discharge paperwork for ALL patients.

You are **STILL AT RISK** **after** your baby is born!

Postpartum Preeclampsia

What is it?

Postpartum preeclampsia is a serious disease related to high blood pressure. It can happen to anyone who has just had a baby up to 6 weeks after the baby is born.

Risks to You

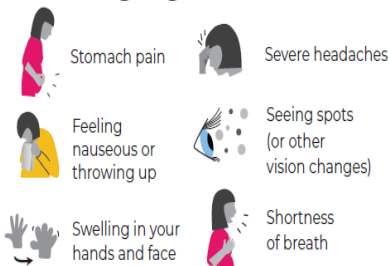
- Seizures
- Organ damage
- Stroke
- Death

What can you do?

- Ask if you should follow up with your doctor within one week of discharge.
- Keep all follow-up appointments.
- Trust your instincts.

For more information, go to www.stillatrisk.org

Warning Signs



- Watch for warning signs. If you notice any, call your doctor. If you can't reach your doctor, call 911 or go directly to an emergency room and report you have been pregnant.



URGENT MATERNAL WARNING SIGNS

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away. If you can't reach your provider, go to the emergency room. Always remember to say that you're pregnant or have been pregnant within the last year when getting help.

SEVERE BELLY PAIN THAT DOESN'T GO AWAY <ul style="list-style-type: none">• You have a sharp, stabbing, or cramp-like belly pain that doesn't go away• Your belly pain starts suddenly and is severe, or gets worse over time• You have severe chest, shoulder, or back pain	DIZZINESS OR FAINTING <ul style="list-style-type: none">• You faint or pass out• You have dizziness and lightheadedness that's ongoing, or comes and goes over many days• You experience a gap in time of which you have no memory	FEVER <ul style="list-style-type: none">• You have a temperature of 100.4°F (38°C) or higher	CHANGES IN YOUR VISION <ul style="list-style-type: none">• You see flashes of light or bright spots• You have blind spots or you can't see at all for a short time• Your vision is blurry; you can't focus, or you're seeing double
HEADACHE THAT WON'T GO AWAY OR GETS WORSE OVER TIME <ul style="list-style-type: none">• Feels like the worst headache of your life• Lasts even after treatment with medication and fluid intake• Starts suddenly with severe pain – like a clap of thunder• Throbs and is on one side of your head above your ear• Comes with blurred vision or dizziness	TROUBLE BREATHING <ul style="list-style-type: none">• You feel short of breath suddenly or over time, as if you can't breathe deeply enough to get enough air in your lungs• Your throat and/or chest feel tight• You have trouble breathing when you're laying down flat, such as needing to prop your head up with pillows to sleep	EXTREME SWELLING OF YOUR HANDS OR FACE <ul style="list-style-type: none">• Swelling in your hands makes it hard to bend your fingers or wear rings• Swelling in your face makes it hard to open your eyes all the way—they feel and look puffy• Your lips and mouth feel swollen or you have a loss of feeling <p><i>This swelling is not like the usual slight swelling that most moms have during pregnancy, especially during the last few months of pregnancy.</i></p>	CHEST PAIN OR FAST-BEATING HEART <ul style="list-style-type: none">• You have chest pain, such as:<ul style="list-style-type: none">• A feeling of tightness or pressure in the center of your chest, neck, or arm• Pain that travels to your back, neck, or arm• You have a change in your heartbeat, such as:<ul style="list-style-type: none">• A fast heartbeat or a pounding in your chest• An irregular heart rate or skipped heartbeats• You feel dizzy, faint, or disoriented <p><i>You have trouble catching your breath (talking and breathing are difficult)</i></p> <p><i>These symptoms can happen at any time and anywhere or may be triggered by a specific event.</i></p>

THOUGHTS ABOUT HURTING YOURSELF OR YOUR BABY

SEVERE NAUSEA AND THROWING UP (NOT LIKE MORNING SICKNESS)

SWELLING, REDNESS, OR PAIN OF YOUR LEG

OVERWHELMING TIREDNESS

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Scan the QR Code to learn more.

After delivery - recognizing these signs can save your life

Call your healthcare provider right away

If you can't reach your healthcare provider, call 911 or go to an Emergency Department and report that you have recently been pregnant.

- Blood pressure at or exceeding 140/90
- Severe headache that won't go away
- Vision changes
- Stomach pain
- Swelling in your hands and face
- Feeling nauseous or throwing up

Have someone take you to the ER or call 911

- Blood pressure at or exceeding 160/110
- Shortness of breath or trouble breathing
- Seeing spots
- Seizures



A large, stylized blue leaf graphic is positioned on the left side of the slide, partially overlapping the text. It has a central vertical stem and several curved, pointed leaflets extending outwards.

Thank you!

Questions?