

SEVERE HYPERTENSION DATA FORM

Goal: Increase the percentage of pregnant and postpartum patients treated for persistent severe hypertension (SHTN) (≥ 160 systolic OR ≥ 110 diastolic) within 60 minutes.

Instructions: Document the following information for any persistent SHTN (≥ 160 systolic OR ≥ 110 diastolic) occurring during pregnancy or up to 6 weeks postpartum, including patients in triage, ED, OBED, Antepartum, L&D, Postpartum. OB unit includes OBED, Antepartum, L&D and Postpartum Units.

NOTE: Select N/A for pregnant patients who haven't delivered or postpartum patients whose delivery occurred in a previous admission.

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"/> Emerg. C/S for FHR-Cat 3 <input type="checkbox"/> Emerg. C/S other reason <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"/> Other _____	<input type="checkbox"/> Unknown <input type="checkbox"/> Pt. declined to answer			Dx at Discharge (check all that apply) <input type="checkbox"/> Chronic HTN <input type="checkbox"/> Gestational HTN <input type="checkbox"/> Preeclampsia <input type="checkbox"/> Superimposed Preeclampsia <input type="checkbox"/> Eclampsia <input type="checkbox"/> HELLP

MEDICAL MANAGEMENT		
Measure	Time Hh:mm	Pt. location (mark one)
		T-Triage AP-antepartum PP-postpartum
BP reached ≥ 160 or diastolic ≥ 110		<input type="checkbox"/> EMS <input type="checkbox"/> ED <input type="checkbox"/> OBED <input type="checkbox"/> T <input type="checkbox"/> AP <input type="checkbox"/> L&D <input type="checkbox"/> PP
Confirmatory BP ≥ 160 or diastolic ≥ 110		<input type="checkbox"/> EMS <input type="checkbox"/> ED <input type="checkbox"/> OBED <input type="checkbox"/> T <input type="checkbox"/> AP <input type="checkbox"/> L&D <input type="checkbox"/> PP
First BP ≥ 160 or diastolic ≥ 110 in <u>OB-unit</u>		<input type="checkbox"/> OBED <input type="checkbox"/> T <input type="checkbox"/> AP <input type="checkbox"/> L&D <input type="checkbox"/> PP
First BP med given		<input type="checkbox"/> EMS <input type="checkbox"/> ED <input type="checkbox"/> OBED <input type="checkbox"/> T <input type="checkbox"/> AP <input type="checkbox"/> L&D <input type="checkbox"/> PP
BP reached < 160 and diastolic BP < 110		<input type="checkbox"/> EMS <input type="checkbox"/> ED <input type="checkbox"/> OBED <input type="checkbox"/> T <input type="checkbox"/> AP <input type="checkbox"/> L&D <input type="checkbox"/> 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 medication not given		
<input type="checkbox"/> Clinical Judgement	<input type="checkbox"/> Patient declined	
<input type="checkbox"/> BP not confirmed	<input type="checkbox"/> Patient left AMA	
<input type="checkbox"/> BP normalized prior to starting meds	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Immediate delivery planned	<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):

OB hemorrhage with transfusion of ≥ 4 units of blood products

Intracranial hemorrhage or ischemic event Placental abruption

Pulmonary edema ICU admission Other _____

Oliguria DIC Ventilation

Renal failure Liver failure None

Adverse Neonatal Outcome:

NICU/SCN admission IUFD Other _____ None

Clinical Debrief/case Reviews

Did the primary **physician and RN** debrief this case to identify opportunities for improvement in identification and time to treatment for HTN? Yes No

If an SMM case, was an interdisciplinary case review conducted? Yes No

DISCHARGE MANAGEMENT		
	Yes	No
Were verbal & written PP warning signs given?	<input type="checkbox"/>	<input type="checkbox"/>
Was pt. verbally briefed on her persistent SHTN before discharge?	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient discharged on meds?	<input type="checkbox"/>	<input type="checkbox"/>
Were 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	