

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"/> Pt. declined to answer <input type="checkbox"/> Non-Hispanic <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	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	
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> Pt. declined to answer <input type="checkbox"/> White <input type="checkbox"/> Other _____						

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 <u>OB-unit</u>		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 referral made? ☐ Yes ☐ No ☐ N/A

DISCHARGE MANAGEMENT

	Yes	No
Were verbal & written PP warning signs given?	<input type="checkbox"/>	<input type="checkbox"/>
Was patient 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	

SEVERE HYPERTENSION DATA FORM

Inclusion Criteria: Include pregnant (any gestational age) and postpartum (up to 6 weeks) patients with Persistent Severe Hypertension presenting to Triage, ED, OBED, Antepartum, L&D, or Postpartum units, including transfers. Report only the patient's first Persistent Severe Hypertension event to FPQC.

Definitions

Study ID: Assign a unique number to each case, starting from 001 and continuing sequentially.

N/A: Use for information that does not apply to the patient's case (e.g., mark N/A for neonatal outcome if no delivery occurred during the admission). **Do not use** for missing but relevant documentation.

Severe Hypertension (HTN): Systolic BP \geq 160 mm Hg or diastolic BP \geq 110 mm Hg, or both.

Persistent Severe HTN:

- One or more repeat severe HTN readings documented 15-60 minutes after episode onset (values do not need to be consecutive).
- Cases where BP was not rechecked within 15 minutes of the first severe HTN observation.

Note that these criteria are strictly for case identification, not for BP patient monitoring. For BP patient monitoring refer to appropriate guidelines.

Antihypertensive and Magnesium "Followed Protocol": Verify adherence to your unit's updated protocol, including medication types, dosages, timing, and escalation measures.

BP Improved to Nonsevere – all subsequent BPs were nonsevere: Check this box only if all subsequent BPs were documented as nonsevere within the next hour. Do not select if there are no BP recordings.

Severe Maternal Morbidity (SMM): Unexpected labor and delivery outcomes with significant health implications. Refer to the list of 21 SMM conditions with ICD-10 codes [here](#).

Physician and Nurse Debrief: Use a standardized form; the AWHONN debrief form is available under Driver 3 (3a) [here](#).

Patient Brief: a structured conversation where the physician and nurse share with the patient the details of the hypertensive event, including any complications, treatment, and follow-up care. Patients should receive a written summary with the details of the event.

PP Discharge Assessment: Check patient's vital signs near discharge and follow up on any abnormalities. Form available [here](#)

BP Cuff to Take Home: Include any cuffs given to patients, calibrated cuffs brought in by patients, or those set up for remote monitoring.

Abbreviations: GA = gestational age; wks = weeks; 1ry = primary; Dx = diagnosis; C/S = cesarean; Pt. = patient; AMA = against medical advice; FHR = fetal heart rate; DIC = Disseminated Intravascular Coagulation; IUFD = Intrauterine Fetal Demise.