

POSTPARTUM HYPERTENSION

UPMC MAGEE-WOMENS HOSPITAL ED PROTOCOLS

ANNA BINSTOCK, MD

ASSISTANT PROFESSOR

DIVISION OF MATERNAL-FETAL MEDICINE

DEPARTMENT OF OBSTETRICS, GYNECOLOGY, AND REPRODUCTIVE SCIENCES

JOE SUYAMA, MD

ASSOCIATE PROFESSOR

DEPARTMENT OF EMERGENCY MEDICINE



IDENTIFYING POSTPARTUM PATIENTS

- Good discharge planning
- Follow up for high risk patients – MFM/Bridges Clinic
- Remote monitoring
- Flagging patients in the ED



ARRIVAL IN THE ED

- MFM/OB/Remote monitoring referral to the ED for PP HTN evaluation
- ED provider and nursing education
- Initial triage vitals signs are prioritized with focus on BP

| Condition | Blood pressure parameters | Laboratory abnormalities | Proteinuria | Seizures |
|----------------------------------|---|--------------------------|-------------|----------|
| Gestational hypertension | ≥ 140 systolic and/or ≥ 90 diastolic | - | - | - |
| Preeclampsia w/o severe features | ≥ 140 systolic and/or ≥ 90 diastolic | - | + | - |
| Preeclampsia w/ severe features | ≥ 160 systolic and/or ≥ 110 diastolic | +/- | +/- | - |
| Eclampsia | ≥ 140 systolic and/or ≥ 90 diastolic | +/- | Typically | + |
| Chronic hypertension* | ≥ 140 systolic and/or ≥ 90 diastolic | - | - | - |

* Patient with prior diagnosis of chronic hypertension

PROTOCOL

- PowerPlan
- Nursing orders
- Vitals

| WH Postpartum Pre-Eclampsia PowerPlan | | |
|---------------------------------------|---|---|
| In eRecord as of 2019-06-26 | | |
| Uses | Component | Order Details |
| | Condition/Status | |
| <input checked="" type="checkbox"/> | Admission Order | |
| <input checked="" type="checkbox"/> | Notify MD for: Vital Signs | if BP>160/110 or <90/60, HR > 100, RR>20, Pulse Ox <94% |
| <input checked="" type="checkbox"/> | Notify MD for: Change in Status | Change in mental status |
| <input checked="" type="checkbox"/> | Notify MD for: Change in Status | if HA/Vis changes/ Abd or epigastric pain |
| <input checked="" type="checkbox"/> | Notify MD for: Change in Status | UO < 30 cc/hr |
| <input type="checkbox"/> | Fall Precautions | |
| <input type="checkbox"/> | Seizure Precautions | at bedside |
| | Communication Orders | |
| <input type="checkbox"/> | Activity-Diet Progression per Magnesium Sulfate Administration for Obstetrical Indications Protocol Policy and Procedures reference text | Right click to see reference text |
| | Vital Signs | |
| <input type="checkbox"/> | Vital Signs | Q15Min, BP |
| <input type="checkbox"/> | Vital Signs per Unit Routine | T;N, Routine |
| <input checked="" type="checkbox"/> | Vital Signs | Q4H |
| <input type="checkbox"/> | Vital Signs | Temperature Q2H |
| <input type="checkbox"/> | Pulse Ox (Nursing) | Continuous |
| <input type="checkbox"/> | Daily Weight | Routine, Daily |
| <input type="checkbox"/> | Cardiac Monitor | Maternal Cardiac Monitoring |

PROTOCOL


- PowerPlan
- Initial Meds

| | | |
|--------------------------|--|---|
| | Patient Care | |
| <input type="checkbox"/> | I & O | Q4H, Strict |
| <input type="checkbox"/> | Foley Catheter | to gravity |
| <input type="checkbox"/> | Foley, Remove | when ambulatory |
| <input type="checkbox"/> | Straight Cath | |
| | Nutritional Services | |
| <input type="checkbox"/> | Clear Liquid-Diet | T;N |
| <input type="checkbox"/> | Gestational Consistent Carb Standard-Diet | |
| <input type="checkbox"/> | NPO-Diet | T;N |
| <input type="checkbox"/> | Regular-Diet | T;N |
| | Continuous Infusions | |
| | Limit total IV to 125 ml/hr | |
| | Medications | |
| <input type="checkbox"/> |  Post Partum Magnesium Infusion PowerPlan | |
| <input type="checkbox"/> | labetalol | 100 mg, By Mouth, BID, Drug Form: Tab, Hold for SBP<100mmHg, HR<60bpm |
| <input type="checkbox"/> | Nifedipine XL | 30 mg, By Mouth, qd |
| <input type="checkbox"/> | Nifedipine XL | 60 mg, By Mouth, qd |
| <input type="checkbox"/> | multivitamin, prenatal | 1,tab(s),By Mouth,Tab,Daily |
| <input type="checkbox"/> | Tylenol | 650 mg, By Mouth, Q6H, Drug Form: Tab, PRN, Temp above 38.3 C |
| <input type="checkbox"/> | Ibuprofen | 600mg, By Mouth, Q6H |

PROTOCOL

- PowerPlan
- Labs
- Straight cath urine

| | | |
|--------------------------|---------------------------------------|--|
| <input type="checkbox"/> | Platelet Ct | ONCE |
| <input type="checkbox"/> | AST/SGOT Level | ONCE |
| <input type="checkbox"/> | ALT / SPGT Level | ONCE |
| <input type="checkbox"/> | LD Level (LDH Level) | ONCE |
| <input type="checkbox"/> | BUN (Blood Urea Nitrogen) | ONCE |
| <input type="checkbox"/> | Uric Acid | |
| <input type="checkbox"/> | Creatinine Level | |
| <input type="checkbox"/> | Creatinine and GFR | |
| <input type="checkbox"/> | Creatinine with GFR estimate | |
| <input type="checkbox"/> | Creatinine and GFR Whole Blood | |
| <input type="checkbox"/> | Urine Random Protein/Creatinine Ratio | T;N, ONCE; obtain via Straight cath or Foley catheter if present |
| <input type="checkbox"/> | CBC w/ Pits | ONCE |

| | | |
|--------------------------|---|------|
| | General Lab/AP | |
| <input type="checkbox"/> |  Pre-Eclamptic Work Up PowerPlan | |
| <input type="checkbox"/> | Type & Screen | |
| <input type="checkbox"/> | Type And Screen | |
| <input type="checkbox"/> | Creatinine Level | ONCE |
| <input type="checkbox"/> | Creatinine with GFR estimate | ONCE |
| <input type="checkbox"/> | Creatinine and GFR | ONCE |

QUESTIONS?

