

# POSTPARTUM HYPERTENSION

## UPMC MAGEE-WOMENS HOSPITAL ED PROTOCOLS

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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

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



# ARRIVAL IN THE ED

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- 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
	<b>Condition/Status</b>	
<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
	<b>Communication Orders</b>	
<input type="checkbox"/>	Activity-Diet Progression per Magnesium Sulfate Administration for Obstetrical Indications Protocol <a href="#">Policy and Procedures reference text</a>	Right click to see reference text
	<b>Vital Signs</b>	
<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

<b>Patient Care</b>		
<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	
<b>Nutritional Services</b>		
<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
<b>Continuous Infusions</b>		
	Limit total IV to 125 ml/hr	
<b>Medications</b>		
<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?

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