



Treating Hypertensive Crisis in Pregnant and Postpartum Patients

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Problem Statement

The rate of preeclampsia in the US has increased by 25% over the last two decades and is a leading cause of maternal and infant illness and death¹. Prompt recognition and treatment can reduce the risk of complications². Without written evidenced-based guidelines, management of acute hypertensive emergency in pregnant and postpartum patients may be inconsistent and substandard.

Status

Sustaining

Measures

- 1) Percentage of patient encounters with initial occurrence of 2 consecutive BPs with >160 Systolic or >110 Diastolic in the Women and Babies Center, with persistent HTN lasting >15 minutes, who were treated within 1 hour with IV Labetalol, IV Hydralazine, or PO Nifedipine
- 2) Treatment of any 2 consecutive severe BPs with an antihypertensive medication within 60 minutes

Key Interventions

- 1) Development of written evidence-based guidelines for management of acute hypertensive emergency in pregnant and postpartum patients
- 2) ED, ICU and WBC Nursing staff education (initial and ongoing)
- 3) Availability of guidelines in the electronic manual(s) and posted on the unit
- 4) Development of a quick reference tool/checklist based on the written guidelines
- 5) Placement of medications in the medication Pyxis machines for quick and easy access
- 6) OB Provider education distributed and tracked via an electronic education module
- 7) ED, Anesthesia, and Trauma Provider Education
- 8) Monthly case reviews for patients who were not treated within 60 minutes, per the PA PQC measure. Key findings and improvement opportunities disseminated at the monthly interdisciplinary WBC UACT.
- 9) Interdisciplinary simulations on hypertensive emergencies biannually or more frequently
- 10) Collaboration with ED staff to review cases and improve comfort and awareness with treatment guidelines and medications/dosing
- 11) Availability of OB HTN Emergency tackle boxes (provided through Pharmacy)



Results

Annual treatment rates, based on the PA PQC Measure, exceeded the statewide collaborative goal in calendar years 2021 and 2022.

On This Topic...

Our team would most like to learn from our peers about management of pregnant and postpartum patients in the ED. Are patients treated in the ED or immediately transferred to OB upon identification?

References

¹Preeclampsia and Hypertension in Pregnancy: Resource Overview. (n.d.). Retrieved from <http://www.acog.org/Womens-Health/Preeclampsia-and-Hypertension-in-Pregnancy>

²Brancazio, L. R. (2014). Maternal mortality in the United States: predictability and the impact of protocols on fatal postcesarean pulmonary embolism and hypertension-related intracranial hemorrhage. American Journal of Obstetrics and Gynecology, 211(6), 713. doi:10.1016/j.ajog.2014.07.061