Team Review and Debriefing Form: Severe Hypertension in Outpatient Setting\* – *adapted from the Council on Patient Safety in Women’s Health Care* https://safehealthcareforeverywoman.org/wp-content/uploads/Team-Review-and-Debriefing-Form-Severe-Hypertension.pdf

Readiness/Recognition:

|  |  |  |
| --- | --- | --- |
|  | YES/NO | Opportunity for Improvement |
| Standard early warning signs, monitoring and diagnostic criteria established for severe preeclampsia/eclampsia |  |  |
| Severe hypertension treatment algorithm available |  |  |
| Triage process for pregnant/postpartum hypertensive women established for all service areas, including outpatient and non-obstetric areas |  |  |
| Anti-hypertension medications immediately available |  |  |
| Escalation plan in place, including criteria for consultation and maternal transport (if indicated |  |  |

Response:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Team (CMA/nurse/provider) | Done | Not done | Improvement opportunity | N/A | Notes |
| Recognizes severe hypertension in a timely manner |  |  |  |  |  |
| Elicits patient history of severe symptoms (headache, vision changes and/or RUQ pain) |  |  |  |  |  |
| Retakes BP using proper technique and proper cuff size within 15 minutes |  |  |  |  |  |
| Notifies provider |  |  |  |  |  |
| Administers PO Nifedipine (if available) |  |  |  |  |  |
| Reassesses BP and re-treats severe range blood pressures at appropriate intervals |  |  |  |  |  |
| Communicates diagnosis of severe hypertension/preeclampsia and escalation plan with staff |  |  |  |  |  |
| Communicates severe hypertension/preeclampsia diagnosis and plan with patient and support person |  |  |  |  |  |
| Calls for transfer/transport |  |  |  |  |  |

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