AMBULATORY PREECLAMPSIA CHECKLIST

IF ANTEPARTUM PATIENT > 20 WEEKS GESTATION

☐ SBP ≥ 140 OR DBP ≥ 90
☐ Proteinuria (dip, random protein ≥ +1
dip/creatinine ratio ≥ 0.3 gm/24-hour
urine >0.3 gm) with/without symptoms
☐ Presentation of signs/symptoms/lab
abnormalities but no proteinuria
☐ New onset of headache unresponsive
to medication, visual disturbances,
epigastric pain, swelling, shortness of
breath
☐ Call for OB Consult
☐ Repeat blood pressure SBP ≥ 140 OR
DBP ≥ 90
☐ Perform DTR’s and clonus check
☐ Draw preeclampsia stat labs if not
symptomatic *to triage if stat labs not
available
CBC w/ Platelets
Uric Acid
CMP
LDH
☐ Symptomatic with Repeat blood
pressure SBP ≥ 140 OR DBP ≥ 90
transfer to L&D for evaluation
☐ Call charge nurse if suspect pre-
eclampsia symptoms, vital signs, any
pertinent prenatal and past history
☐ OB to call L&D for bed request
☐ Call for MFM consult if appropriate

Expectant Management Pre-eclampsia
Without severe features

☐ Weekly platelet count, serum
creatinine, liver enzyme levels
☐ Fetal growth ultrasound every 3-4
weeks
☐ Twice weekly NST’s with one weekly
AFI
☐ BPP once weekly
☐ Prenatal visit with Blood pressure
monitoring weekly
☐ No medications are indicated for
treatment
☐ Delivery timing 37.0 weeks

Telephone Triage Pre-eclampsia Checklist

☐ New onset of headache unresponsive
to medication, visual disturbances,
epigastric pain, swelling
☐ SBP > 140 OR DBP > 90
☐ Review risk factors for increased risk
for Pre-eclampsia
☐ Decreased fetal movement
☐ Send to triage for evaluation
☐ New onset of headache unresponsive
to medication, visual disturbances,
epigastric pain, swelling
☐ SBP > 140 OR DBP > 90
☐ Review risk factors for increased risk
for Pre-eclampsia
☐ No decreased fetal movement
☐ To clinic for BP check, urine dip and
possible labs.

Risk Factor for Pre-eclampsia
☐ Nulliparity
☐ Multifetal gestations
☐ Pre-eclampsia in a previous
pregnancy
☐ Chronic Hypertension
☐ Pre-gestational diabetes
☐ Thrombophilia
☐ Systemic lupus erythematosus
☐ Pre-pregnancy body mass index
>30
☐ Antiphospholipid antibody
syndrome
☐ Maternal age 35 years and older
☐ Kidney Disease
☐ Assisted reproductive technology
☐ Obstructive sleep apnea
☐ Teen pregnancy < 19 years
☐ Family history of Pre-eclampsia
(mom/siblings)

CHRONIC HYPERTENSION MANAGEMENT
Initial Visit Management: Baseline labs
- CBC, CMP, Urine or protein/creatinine
clearance or 24-hour urine collection
for total protein and creatinine
- 24-hour urine is recommended for a
protein/creatinine of ≥ 0.3
- Order baseline EKG
- Echocardiogram to assess left
ventricular function if poorly
controlled HTN>4 years or history of
abnormal EKG
- Initiate ASA 81 mg at 12 weeks