

## SEVERE HYPERTENSION IN PREGNANCY: RISK APPROPRIATE CARE CONSIDERATIONS FOR POST-DISCHARGE AND OUTPATIENT SETTINGS

### Postpartum Triggers:

SBP  $\geq$  160 or DBP  $\geq$  110 or

SBP  $\geq$  140-159 or DBP  $\geq$  90-109 with unremitting headaches, visual disturbances or epigastric/RUQ pain

\*\*\*AntiHTN therapy suggested if persistent SBP  $\geq$  150 or DBP  $\geq$  100 on at least two occasions at least 4 hours apart

\*\*\*Persistent SBP  $\geq$  160 or DBP  $\geq$  110 should be treated within 1 hour

### GREEN ZONE

1. Good maternal response to treatment and asymptomatic
2. Staffing
3. Consider facility readiness
  - Monitoring capabilities
  - Access to medications
  - Equipment and supplies
  - Time and distance to travel

#### Action Items:

1. Review nurse acuity assessment
2. Plan for admission to hospital for further observation and management
3. Review pre-hospitalization checklist

### YELLOW ZONE

1. Maternal response equivocal and signs & symptoms present
2. Staffing
3. Consider facility readiness
  - Monitoring capabilities
  - Access to medications
  - Equipment and supplies
  -

#### Action Items:

1. Review nurse acuity assessment
2. Consult specialist (OB, MFM, internal med, critical care)
3. Plan for admission to hospital for further observation and management
4. Review pre-hospitalization checklist
5. Review pre-transport checklist

### RED ZONE

1. Maternal response inadequate and/or recurrent and severe signs & symptoms are present
2. Staffing
3. Consider facility readiness
  - Monitoring capabilities
  - Access to medications
  - Equipment and supplies

#### Action Items:

1. Review nurse acuity assessment
2. Consult specialist (OB, MFM, internal med, critical care)
3. Review pre-transport checklist
4. Arrange transport to hospital with appropriate level of care
5. Review pre-hospitalization checklist