

OB Hypertensive Emergency Team De-Briefing Form

Topic: The de-brief form provides an opportunity for maternity services to review then document sequence of events, successes and barriers to a swift and coordinated response to OB hypertensive emergencies.

Goal: All de-briefs have the Primary RN and Primary MD at minimum to participate in the de-briefing session.

Instructions: Complete as soon as possible, but no later than 24 hours after a hypertensive emergency. During de-brief, obtain input from participants.

Hypertensive Emergencies are defined as: Acute onset, severe systolic (≥ 160 mmHg)/ severe diastolic (≥ 110 mmHg) that is accurately measured using standard techniques and is persistent for 15 minutes or more (ACOG Committee Opinion #623, Feb 2015)

Treat hypertension per CMQCC guidelines

- VS, including mental status/ headache/ vision obtained per hospital protocol
- Worsening status recognized/ reported per Preeclampsia Early Recognition Tool (PERT)
- Antihypertensives administered within 30 minutes
- Appropriate drugs, dosing, indications, assessments and timing for repeated dosing per ACOG Committee Opinion #623

Eclampsia/ Seizure

- Magnesium sulfate administered per protocol
 - BP, Pulse, Resp, SaO2 q 5 min during loading dose and every 30 min during maintenance
 - 2nd loading dose of magnesium sulfate 2 grams over 5 min given if patient seized while on Magnesium maintenance
- Anticonvulsants given if treatment of seizures refractory to magnesium sulfate
- Patient positioned left lateral decubitus
- Call for help by 1st responder
- Open airway maintained
- SaO2 monitored
- O2 @ 10L by non-rebreather mask
- IV access obtained
- If antepartum, fetal status obtained (with expectation of recovery period following maternal seizure)
- Postictal, the patient required _____

Thinking about how the Hypertensive emergency was managed: (check if yes, describe)

What went well?

- Communication went well
- Teamwork went well
- Leadership went well
- Decision-making went well
- Assessing the situation went well
- Other

Briefly Describe: _____

Opportunities for improvement: "human factors"

- Communication needed improvement
- Teamwork needed improvement
- Leadership needed improvement
- Decision-making needed improvement
- Assessment needed improvement
- Other

Briefly Describe: _____

Opportunities for improvement: "non-human factors"

- Medications issues
- Equipment issues
- Inadequate support (in-unit or other hospital areas)
- Delays in transporting the patient (within the hospital or to another facility)
- Other

Briefly Describe: _____

