|  |  |  |  |
| --- | --- | --- | --- |
| **ASSESS** | **NORMAL**  **(GREEN)** | **WORRISOME**  **(YELLOW)** | **SEVERE**  **(RED)** |
| **Awareness** | Alert/oriented | * Agitated/confused * Drowsy * Difficulty speaking | * Unresponsive |
| **Headache** | None | * Mild headache * Nausea, vomiting | * Unrelieved headache |
| **Vision** | None | * Blurred or impaired | * Temporary blindness |
| **Systolic BP**  **(mm HG)** | 100-139 | 140-159 | ≥160 |
| **Diastolic BP**  **(mm HG)** | 50-89 | 90-105 | ≥105 |
| **HR** | 61-110 | 111-129 | ≥130 |
| **Respiration** | 11-24 | 25-30 | <10 or >30 |
| **SOB** | Absent | Present | Present |
| **O2 Sat (%)** | ≥95 | 91-94 | ≤90 |
| **Pain: Abdomen or Chest** | None | * Nausea, vomiting * Chest pain * Abdominal pain | * Nausea, vomiting * Chest pain * Abdominal pain |
| **Fetal Signs** | * Category I * Reactive NST | * Category II * IUGR * Non-reactive NST | * Category III |
| **Urine Output (ml/hr)** | ≥50 | 30-49 | ≤30 (in 2 hrs) |
| **Proteinuria**  (Level of proteinuria is not an accurate predictor of pregnancy outcome) | Trace | * > +1\*\* * ≥300mg/24 hours |  |
| **Platelets** | >100 | 50-100 | <50 |
| **AST/ALT** | <70 | >70 | >70 |
| **Creatinine** | <0.8 | 0.9-1.1 | >1.2 |
| **Magnesium Sulfate Toxicity** | * DTR +1 * Respiration 16-20 | * Depression of patellar reflexes | * Respiration <12 |

Preeclampsia Early Recognition Tool (PERT)

**YELLOW = WORRISOME**

Increase assessment frequency

|  |  |
| --- | --- |
| **# Triggers** | **TO DO** |
| 1 | * Notify provider |
| ≥2 | * Notify charge RN * In-person evaluation * Order labs/tests * Anesthesia consult * Consider magnesium sulfate * Supplemental oxygen |

\*\*Physician should be made aware of worsening or new-onset proteinuria

**GREEN = NORMAL**

Proceed with protocol

**RED = SEVERE**

|  |  |
| --- | --- |
| **Trigger: 1 of any type listed below** | **TO DO** |
| 1 of any type | * Immediate evaluation * Transfer to higher acuity level * 1:1 staff ratio |
| Awareness  Headache  Visual | * Consider Neurology consult * CT Scan * R/O SAH/intracranial hemorrhage |
| BP | * Labetalol/hydralazine in 30 min * In-person evaluation * Magnesium sulfate loading or maintenance infusion |
| Chest Pain | * Consider CT angiogram |
| Respiration  SOB  O2 SAT | * O2 at 10 L per rebreather mask * R/O pulmonary edema * Chest x-ray |