



California Partnership for Maternal Safety

PATIENT SAFETY BUNDLE

P R E E C L A M P S I A

■ READINESS

Every unit

- ✓ Adopt standards for early warning signs, diagnostic criteria, monitoring and treatment for severe preeclampsia/eclampsia to include order sets and algorithms
- ✓ Unit team education, reinforced by regular unit-based drills
- ✓ Process for timely triage and evaluation of pregnant and postpartum women with hypertension including ED and outpatient areas
- ✓ Rapid access to medications used for severe hypertension/eclampsia: Medications should be stocked and readily available on L&D and in other areas where patients may be treated. Include brief guide for administration and dosage
- ✓ System plan for escalation, obtaining appropriate consultation and maternal transport, as needed

■ RECOGNITION & PREVENTION

Every patient

- ✓ Adoption of a standard process for the measurement and assessment of BP and urine protein for all pregnant and postpartum women
- ✓ Implementation of standard response to maternal early warning criteria
- ✓ Implementation of facility-wide standards for educating prenatal and postpartum women on signs and symptoms of preeclampsia and hypertension

■ RESPONSE

All severe hypertension/preeclampsia

- ✓ Facility-wide standard processes with checklists for management and treatment of:
 - Severe hypertension
 - Eclampsia, seizure prophylaxis, and magnesium over-dosage
 - Postpartum, emergency department and outpatient presentation of severe hypertension/preeclampsia
- ✓ Support plan for patients, families and staff for ICU admissions and serious complications of severe hypertension

■ REPORTING/SYSTEMS LEARNING

Every unit

- ✓ Implementation of a huddle for high risk cases and post-event team debrief
- ✓ Review all severe hypertension/eclampsia/ICU cases for systems issues
- ✓ Monitor outcomes and process metrics
- ✓ Documentation of education of pregnant and postpartum women about symptoms of preeclampsia

This bundle was developed by the Council On Patient Safety in Women's Health Care, National Partnership for Maternal Safety 2015



Minimal requirements for standard process

- Notification of physician or primary care provider is systolic BP ≥ 160 or Diastolic BP ≥ 110 for two measurements within 15 minutes apart
- After the second elevated reading, treatment should be initiated ASAP (ideally within 60 minutes of verification)
- Process must include timing for use of magnesium sulfate therapy
- Process for escalation measures for those unresponsive to standard treatment
- Describe manner and verification of postpartum follow up within 7 to 10 days of birth
- Describe postpartum education

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