**NEW ONSET SEVERE HYPERTENSION - PREECLAMPSIA DEBRIEF FORM**

The debrief form provides an opportunity for obstetric service teams to review the sequence of events, successes and barriers to a swift and coordinated response to NEW ONSET severe hypertension.

**Goal:** Debrief all cases of preeclampsia with severe hypertension (up to five) per month that includes the following triggers: new onset severe hypertension with preeclampsia or eclampsia (>=160 OR >105) or chronic/gestational hypertension with superimposed preeclampsia (see inclusion table) (Include patients from L&D, PP, ED)

**Instructions:** Complete debrief form as soon as possible after event as described above. During debrief, obtain input from as many participants as possible.

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<th>Date:</th>
<th>Time:</th>
<th>Submitted by:</th>
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**RECOGNITION**

Were there any delays in
  - Recognition?
  - Notification?

**RESPONSE**

Time severe level of hypertension recognized____:____
Time 1st line antihypertensive administered: ____:____
Number of doses needed to reach target blood pressure: ______
Supplies: Identify opportunities for improvement:
- ☐Equipment
- ☐Medications
- ☐Other issues:

**TEAMWORK**

Timely Team engagement? ☐Yes ☐No
All roles engaged/consulted?
- ☐Primary Physician
- ☐Primary Nurse
- ☐Charge Nurse
- ☐Anesthesia
- ☐Maternal Fetal Medicine
Was there clear communication? ☐Yes ☐No

**Participants (Name, Role):**

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**Issue(s)/Recommendation(s):**

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