

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.

Date: _____ Time: _____ Submitted by: _____

RECOGNITION
Were there any delays in <input type="checkbox"/> Recognition? <input type="checkbox"/> Notification?
RESPONSE
Time severe level of hypertension recognized ____:____ Time 1 st line antihypertensive administered: ____:____ Number of doses needed to reach target blood pressure: _____ Supplies: Identify opportunities for improvement: <input type="checkbox"/> Equipment <input type="checkbox"/> Medications <input type="checkbox"/> Other issues:
TEAMWORK
Timely Team engagement? <input type="checkbox"/> Yes <input type="checkbox"/> No All roles engaged/consulted? <input type="checkbox"/> Primary Physician <input type="checkbox"/> Primary Nurse <input type="checkbox"/> Charge Nurse <input type="checkbox"/> Anesthesia <input type="checkbox"/> Maternal Fetal Medicine Was there clear communication? <input type="checkbox"/> Yes <input type="checkbox"/> No

Participants (Name, Role):

Issue(s)/Recommendation(s)
