

# Appendix N: Sample EMR Integration Care Pathway for Preeclampsia

Note: This is a SAMPLE developed by a particular facility and the content is NOT specifically endorsed by the HDP Task Force. The sample is provided as an example to work from. You may need to adjust based on the individual circumstances of your facility.

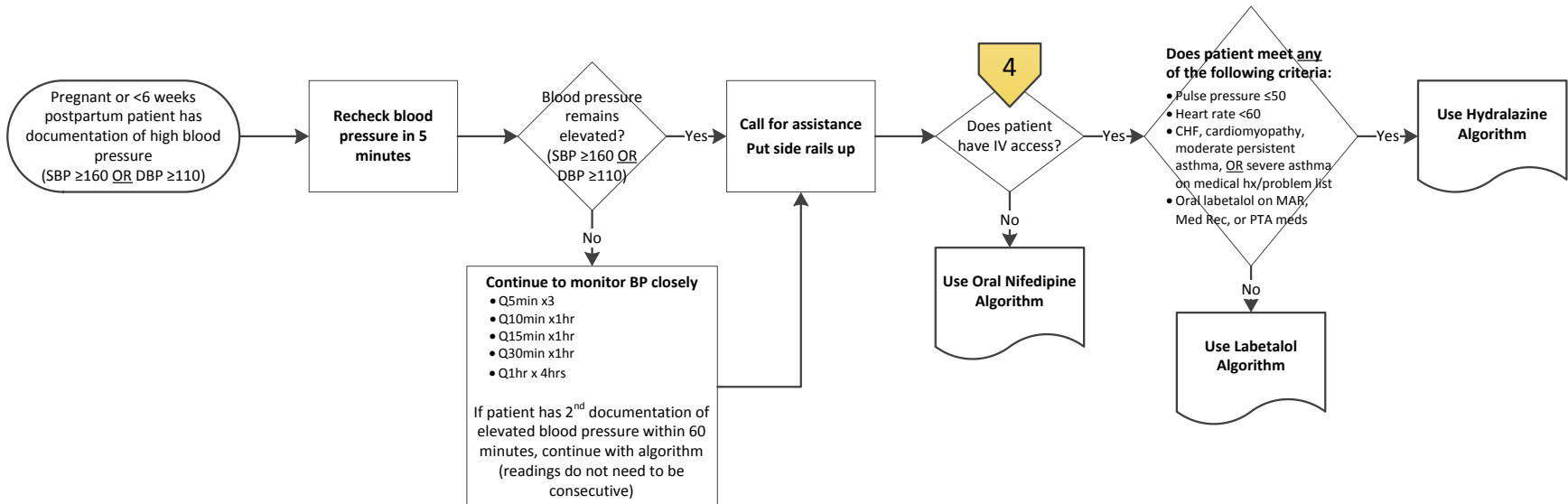
## LLUCH: Preeclampsia Protocol

### Identification and Treatment Algorithm

<p><b>Inclusion criteria (must meet ALL of the following):</b></p> <ul style="list-style-type: none"> <li>• Age ≤60 years</li> <li>• Pregnant or within 6 weeks postpartum</li> <li>• In TCBC location</li> <li>• Has order to Initiate Preeclampsia Protocol; <i>items in red have standing orders (TCBC-7) and do not require Initiate Preeclampsia Protocol order</i></li> </ul>	<p><b>For all patients on this protocol:</b></p> <ul style="list-style-type: none"> <li>• <b>Notify attending physician</b> if SBP ≥180; x54128</li> <li>• <b>Start fetal monitoring</b> if applicable</li> <li>• <i>If patient has unremitting headache or neurological symptoms:</i> <b>Notify provider</b> to evaluate need for brain imaging</li> <li>• <i>If 24 - 34 weeks gestation (documented GA in EPIC):</i> <b>Administer antenatal corticosteroids</b>, if not given within past 14 days Betamethasone, 12 mg, IM, Q24hr, x2 (if patient received 1<sup>st</sup> dose at OSH: x1, 24 hours after prior administration)</li> <li>• <b>Apply SCDs</b> for VTE prophylaxis</li> <li>• <b>Monitor strict I&amp;O</b> (no less than Q2hr) <i>Does not require indwelling catheter</i></li> </ul>
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*Sample* Loma Linda University  
Children's Hospital Care Pathway for  
EMR Integration

Not Intended as a Standard of Care



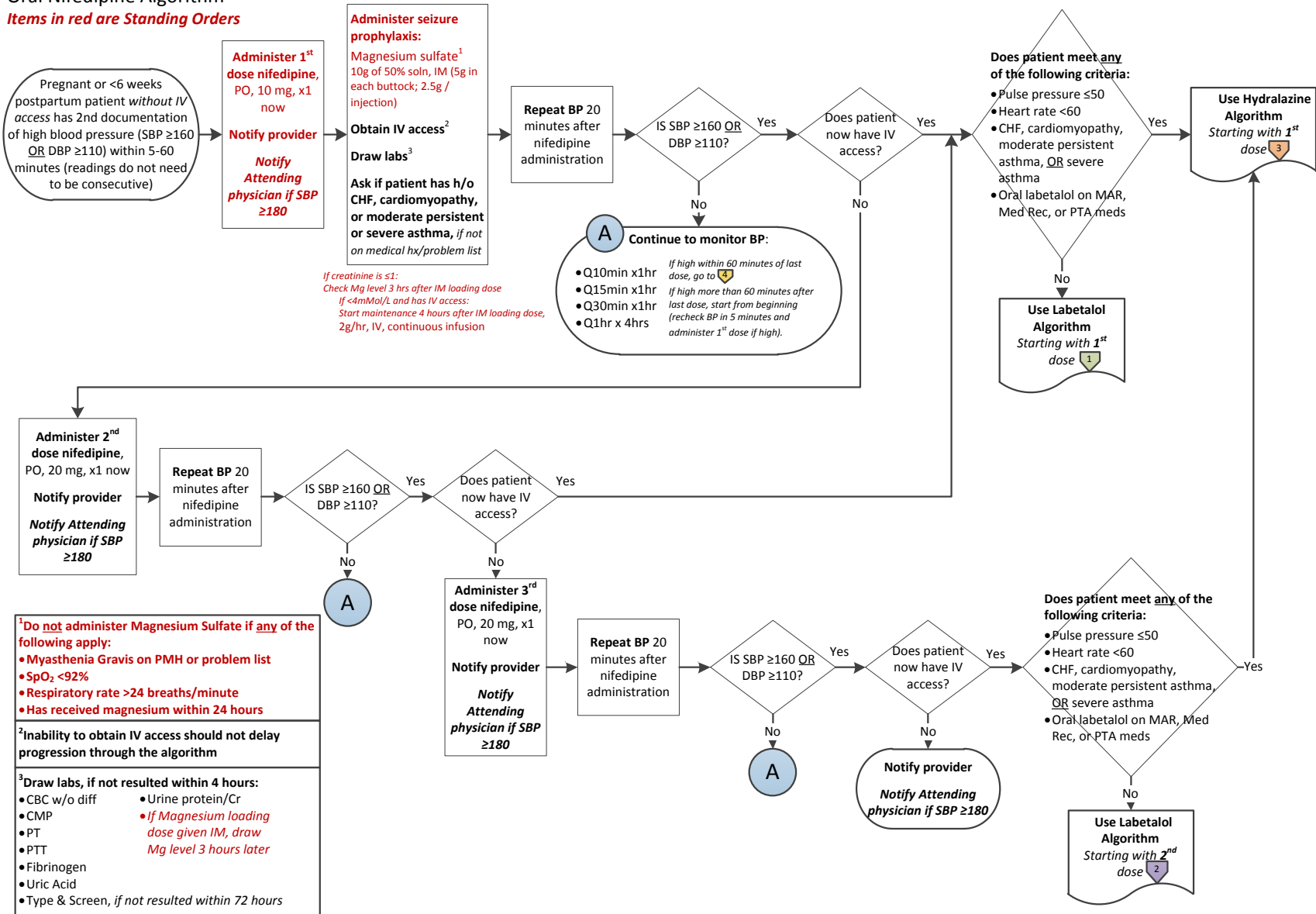
#### REFERENCES:

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- Oral Nifedipine Algorithm. (January 2018). From *The American College of Obstetricians and Gynecologists*. Retrieved from <https://www.acog.org/-/media/Districts/District-II/Public/SMI/v2/sm06a180307OralNifedipineAlgorithmFINAL03072018.pdf?dmc=1&ts=20180911T2122179523>

# LLUCH: Preeclampsia Protocol

## Oral Nifedipine Algorithm

Items in red are Standing Orders



<sup>1</sup>Do not administer Magnesium Sulfate if any of the following apply:  
 • Myasthenia Gravis on PMH or problem list  
 • SpO<sub>2</sub> <92%  
 • Respiratory rate >24 breaths/minute  
 • Has received magnesium within 24 hours

<sup>2</sup>Inability to obtain IV access should not delay progression through the algorithm

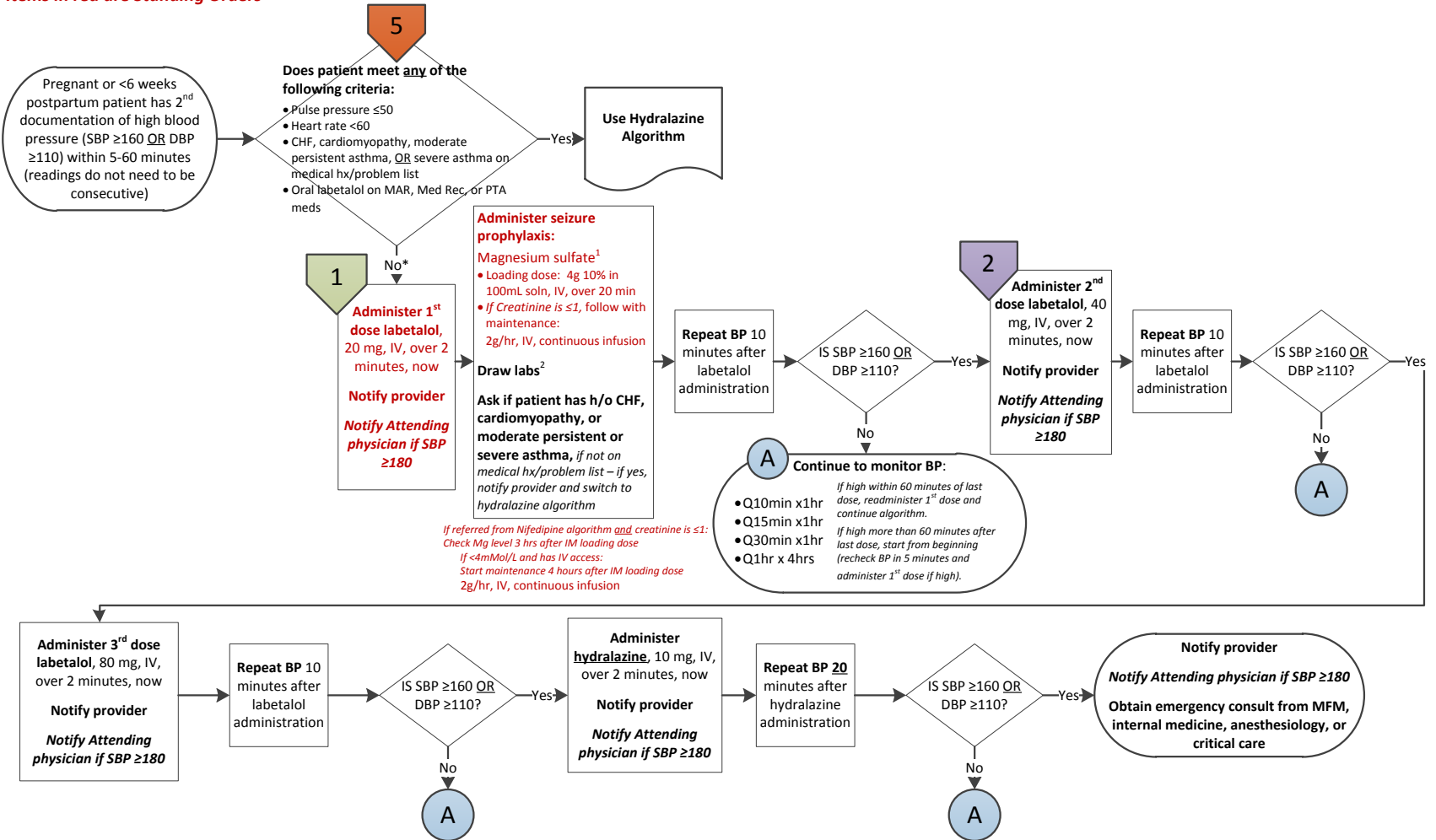
<sup>3</sup>Draw labs, if not resulted within 4 hours:  
 • CBC w/o diff • Urine protein/Cr  
 • CMP • If Magnesium loading dose given IM, draw Mg level 3 hours later  
 • PT  
 • PTT  
 • Fibrinogen  
 • Uric Acid  
 • Type & Screen, if not resulted within 72 hours

# LLUCH: Preeclampsia Protocol

## Labetalol Algorithm

Items in red are Standing Orders

Exclusion Criteria: Administration of dose will exceed 220 mg IV labetalol in 24 hours



\*If at any time pulse pressure (SBP – DBP) drops to 50 or below, OR heart rate drops below 60, notify provider and switch to Hydralazine Algorithm

<sup>1</sup>Do not administer Magnesium Sulfate if any of the following apply:

- Myasthenia Gravis on PMH or problem list
- SpO<sub>2</sub> <92%
- Respiratory rate >24 breaths/minute
- Has received Magnesium within 24 hours

<sup>2</sup>Draw labs, if not resulted within 4 hours:

- CBC w/o diff
- CMP
- PT
- Type & Screen, if not resulted within 72 hours
- PTT
- Fibrinogen
- Uric Acid
- Urine protein/Cr

*If Magnesium loading dose given IM, draw Mg level 3 hours later*

# LLUCH: Preeclampsia Protocol

## Hydralazine Algorithm

Items in red are Standing Orders

Exclusion Criteria: Administration of dose will exceed 25 mg IV hydralazine in 24 hours

