

AMBULATORY PREECLAMPSIA CHECKLIST

IF ANTEPARTUM PATIENT > 20 WEEKS GESTATION

- SBP \geq 140 OR DBP \geq 90
- Proteinuria (dip, random protein \geq +1 dip/creatinine ratio \geq 0.3 gm/24-hour urine $>$ 0.3 gm) with/without symptoms
- Presentation of signs/symptoms/lab abnormalities but no proteinuria
- New onset of headache unresponsive to medication, visual disturbances, epigastric pain, swelling, shortness of breath

- Call for OB Consult
- Repeat blood pressure SBP \geq 140 OR DBP \geq 90
- Perform DTR's and clonus check
- Draw preeclampsia stat labs if not symptomatic *to triage if stat labs not available
 - CBC w/ Platelets
 - Uric Acid
 - CMP
 - LDH
- Symptomatic with Repeat blood pressure SBP \geq 140 OR DBP \geq 90 transfer to L&D for evaluation
- Call charge nurse if suspect pre-eclampsia symptoms, vital signs, any pertinent prenatal and past history
- OB to call L&D for bed request
- Call for MFM consult if appropriate

Expectant Management Pre-eclampsia Without severe features

- Weekly platelet count, serum creatinine, liver enzyme levels
- Fetal growth ultrasound every 3-4 weeks
- Twice weekly NST's with one weekly AFI

OR

- BPP once weekly
- Prenatal visit with Blood pressure monitoring weekly
- No medications are indicated for treatment
- Delivery timing 37.0 weeks

Telephone Triage Pre-eclampsia Checklist

- New onset of headache unresponsive to medication, visual disturbances, epigastric pain, swelling
- SBP \geq 140 OR DBP \geq 90
- Review risk factors for increased risk for Pre-eclampsia
- Decreased fetal movement
- Send to triage for evaluation

Or

- New onset of headache unresponsive to medication, visual disturbances, epigastric pain, swelling
- SBP \geq 140 OR DBP \geq 90
- Review risk factors for increased risk for Pre-eclampsia
- No decreased fetal movement

- To clinic for BP check, urine dip and possible labs.

Risk Factor for Pre-eclampsia

- Nulliparity
- Multifetal gestations
- Pre-eclampsia in a previous pregnancy
- Chronic Hypertension
- Pre-gestational diabetes
- Thrombophilia
- Systemic lupus erythematosus
- Pre-pregnancy body mass index $>$ 30
- Antiphospholipid antibody syndrome
- Maternal age 35 years and older
- Kidney Disease
- Assisted reproductive technology
- Obstructive sleep apnea
- Teen pregnancy $<$ 19 years
- Family history of Pre-eclampsia (mom/siblings)

CHRONIC HYPERTENSION MANAGEMENT

Initial Visit Management: Baseline labs

- CBC, CMP, Urine or protein/creatinine clearance or 24-hour urine collection for total protein and creatinine
- 24-hour urine is recommended for a protein/creatinine of \geq 0.3
- Order baseline EKG
- Echocardiogram to assess left ventricular function if poorly controlled HTN $>$ 4 years or history of abnormal EKG
- Initiate ASA 81 mg at 12 weeks