

SEVERE MATERNAL HYPERTENSION DE-BRIEFING FORM

Debrief Participants: _____

Place patient sticker here

Date and Time of Event: _____ GA at Event (weeks & days): _____

Goal: Reduce time to treatment (<60minutes) for new onset severe hypertension (≥ 160 systolic OR ≥ 110 diastolic) with preeclampsia or eclampsia or chronic/gestational hypertension with superimposed preeclampsia (include patients from triage, L&D, Antepartum, PP, ED) up to 6 months postpartum. Complete within 24 hours.

Medical Management		Medications	Dosage Given	Reason Not Given
Time: hh:mm	Measure	<input type="checkbox"/> Labetalol	<input type="checkbox"/> 20 mg <input type="checkbox"/> 40 mg <input type="checkbox"/> 80 mg	
	BP reached ≥ 160 or diastolic ≥ 110 (sustained >15 minutes) <i>Severe increase in BP that can lead to a stroke, typically systolic ≥ 180, diastolic ≥ 120</i>	<input type="checkbox"/> Hydralazine	<input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg	
	First BP med given	<input type="checkbox"/> Nifedipine	<input type="checkbox"/> 10 mg	
	BP reached <160 and diastolic BP <110	<input type="checkbox"/> Magnesium Sulfate Bolus	<input type="checkbox"/> 4gm <input type="checkbox"/> 6gm <input type="checkbox"/> Other	
Did diastolic pressure fall to <80 within one hour after meds given?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Magnesium Sulfate Maintenance	<input type="checkbox"/> 1gm/hour <input type="checkbox"/> 2gm/hour <input type="checkbox"/> 3gm/hour <input type="checkbox"/> Other	
If yes, was there corresponding deterioration in FH rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Any ANS (if <34 weeks)	<input type="checkbox"/> Partial Course <input type="checkbox"/> Complete Course <input type="checkbox"/> Not Given	
OB Complications				
<input type="checkbox"/> OB hemorrhage with transfusion ≥ 4 units of blood products	<input type="checkbox"/> Renal Failure	<input type="checkbox"/> HELLP Syndrome		
<input type="checkbox"/> Intracranial hemorrhage or Ischemic event	<input type="checkbox"/> Placental Abruption	<input type="checkbox"/> DIC		
<input type="checkbox"/> Pulmonary Edema	<input type="checkbox"/> ICU Admission	<input type="checkbox"/> Ventilation		
<input type="checkbox"/> Oliguria	<input type="checkbox"/> Eclampsia	<input type="checkbox"/> Other		
	<input type="checkbox"/> Liver Failure	<input type="checkbox"/> None		
Discharge Management:				
Follow-up appointment scheduled within 3-10 days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>		
Was patient discharged on meds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>		
If yes, was follow-up appointment scheduled in < 72 hrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Were education materials about preeclampsia given?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

<i>Thinking about how the hypertension event was managed</i>		
Identify what went well	Identify opportunities for improvement "human factors"	Identify opportunities for improvement "non-human factors"
<input type="checkbox"/> Communication went well <input type="checkbox"/> Teamwork went well <input type="checkbox"/> Leadership went well <input type="checkbox"/> Decision-making went well <input type="checkbox"/> Recognition to response went well <input type="checkbox"/> Roles of responding personnel went well <input type="checkbox"/> Other	<input type="checkbox"/> Communication needed improvement <input type="checkbox"/> Teamwork needed improvement <input type="checkbox"/> Leadership needed improvement <input type="checkbox"/> Decision-making needed improvement <input type="checkbox"/> Recognition to response needed improvement <input type="checkbox"/> Other:	<input type="checkbox"/> Delay in blood products availability <input type="checkbox"/> Equipment issues <input type="checkbox"/> Medication issues <input type="checkbox"/> Inadequate support (in-unit or other areas) <input type="checkbox"/> Delay in transport of patient <input type="checkbox"/> Other:
Comments:	Comments:	Comments:

1) What could have been improved for this patient's care? Could we have predicted or prevented this?

2) Was the team leader identified and in control? Were team roles clear and appropriate?

3) Did we communicate clearly and use closed-loop communication?

4) Was rapid response consulted?