Severe Hypertensive Crisis Audit Results

Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| Patient Name  MRN # | Del Date  Type of Del  Date of Crisis | Did pt meet Severe HTN criteria? | Did pt receive HTN protocol meds within 1 hour of crisis | Audit Done? | Incident Report? | Other info? |
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