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Clinical Programs
Area Women's Center
Applicability INTEGRIS Health
- Acute Hospitals
Group

Severe Hypertension/Preeclampsia, SYS-PCS-Women's-102

1. PURPOSE:

To provide guidelines for management of the patient experiencing severe hypertension, preeclampsia or eclampsia.

2. POLICY:

- A. Upon presentation to L&D, blood pressure, pulse, heart rate, temperature, oxygen saturation and respiratory rate will be assessed hourly or more frequently per ordering provider's order.
- B. If systolic BP ≥ 160 mmHg and/or diastolic BP is ≥ 110 mmHg, check position and size of BP cuff, recheck BP after 15 minutes, if BP remains elevated, systolic BP ≥ 160 mmHg and/or diastolic BP ≥ 110 mmHg, initiate the hypertension protocol and notify ordering provider.
- C. Administer medication to lower blood pressure in ≤ 60 minutes from initial BP reading RN will notify charge/team lead of implementation of the hypertension protocol

3. SCOPE:

This policy shall apply to all INTEGRIS Health caregivers and all organizations and personnel (e.g., employees, independent contractors, vendors, volunteers, etc.) of INTEGRIS Health and specifically the CMS Providers and entities listed in the Applicability section.

4. PROCEDURE:

- A. Patients will have Blood Pressure assessed using an appropriately sized BP cuff
- B. BP should be measured with the patient sitting or in a semi-fowler's position, legs uncrossed and resting on the bed or the floor with arm supported at the level of the heart
- C. If systolic BP ≥ 160 mmHg and/or diastolic BP is ≥ 110 mmHg, recheck the fit of the BP cuff,

- recheck the position of the patient and recheck the BP after 15 minutes of the initial BP.
- D. If BP remains elevated after re-check, systolic BP ≥ 160 mmHg and/or diastolic BP ≥ 110 mmHg, initiate the hypertension protocol and notify ordering provider.
 - E. Administer medication to lower blood pressure in ≤ 60 minutes from initial BP reading
 - F. RN will notify charge/team lead of implementation of the hypertension protocol
 - G. Consider magnesium sulfate order set and seizure precautions, as ordered by ordering provider
 - H. Recheck vital signs per frequency indicated in the hypertension protocol
 - I. Maintain continuous fetal monitoring until additional orders are obtained from ordering provider
 - J. If second BP reducing medication is added consider consult with anesthesia provider and/or maternal fetal medicine physician.
 - K. Perform team debrief at the conclusion of an eclamptic seizure, there is a transfer to a higher level of care, or any unexpected outcome.

See SYS-PCS-Women's-105 Attachment A Peripartum Hypertension Algorithm

References:

TJC PC 06.03.01; ACOG Committee Opinion No. 767: Emergent Therapy for Acute-Onset, Severe Hypertension During Pregnancy and the Postpartum Period, 2019.

Clinical and treatment related policies, procedures and protocols are intended as guidelines. It is recognized that situations can be unique, and caregivers and health care providers are expected to follow established practice and sound clinical judgment in making decisions and practicing safety in their daily activities.

Attachments

[A: Peripartum Hypertension Algorithm](#)

Approval Signatures

Step Description

Approver

Date

Standards

No standards are associated with this document