HHS Hypertensive Crisis/Eclampsia Team Debriefing Form

Adapted from the California Maternal Quality Care Collaborative Preeclampsia Toolkit

Goal: Debrief completed in 100% of encounters where a pregnant, OR up to 6 weeks postpartum, patient exhibits at least one of the following: eclamptic seizure, stroke/altered mental status where high blood pressures are present, and/or when staff/MD feels there needs to be a debrief. All debriefs have at least Primary RN and Primary M.D. who participate in debriefing session.

Instructions: Complete as soon as possible, but no later than 24 hours after any of the aforementioned criteria, with input from any and all participants. Ideally, immediately after event once patient has stabilized, before M.D. leaves bedside, and to appropriately include patient and/or support person(s) so that they may hear, clarify, and participate in plan of care.

State: "Let's take 2 minutes to debrief on this event. Our purpose is to offer an objective assessment of the event. Remember that everyone here is intelligent and has information to offer. Our goal is to improve how we work together and provide care for our patients."

S: Pt experienced_____ (A seizure? Stroke? High blood pressures that are not resolved by a single regimen?)

B: (Pt name) is a G__P__ at (gestation/weeks postpartum) with a history of (pertinent medical history and allergies). She was admitted for_____ and (briefly describe the course of her care).

A: Current BP, pulse, SpO^2, lines present, fluids hanging, medications administered with corresponding BP's, and other seizure prevention measures or neurological interventions. If pregnant, include: FHR tracing, uterine activity/tone, and any bleeding.

R: M.D. verbalizes expectations for patient's care; RN acknowledges those orders and has a chance to ask any clarifying questions.

Time severe level of hypertension recognized: ___:___
Time 1st line antihypertensive administered: ___:___
Which regimen was chosen? (Circle one)
IV Labetalol IV Hydralazine PO Procardia PO Labetalol
How many doses administered to achieve target blood pressure? _____

Medications:

- ☐ Magnesium sulfate bolus (6gm IV? 10gm IM? Additional 2gm if on maintenance dose?)
- ☐ Magnesium sulfate maintenance dose:_____
- ☐ Ativan 2-4mg IV, or other anticonvulsants
- ☐ Other?_____

Interventions:

- ☐ Pt to left lateral
- ☐ Airway protected
- ☐ Oxygen on at 10L via non-rebreather
- ☐ Fetal status
- ☐ Labs:_____
- ☐ Imaging?_____
- ☐ Consults?_____

Identify what went well:

- ☐ Communication went well
- ☐ Teamwork went well
- ☐ Leadership went well
- ☐ Decision-making went well
- ☐ Assessing the situation went well

Identify opportunities for improvement, "nonhuman factors":

- ☐ Equipment issues
- ☐ Medications Issues
- ☐ Inadequate support (in unit, or other area of hospital)
- ☐ Delay in transporting the patient

Identify opportunities for improvement, "human factors":

- ☐ Communication needed improvement
- ☐ Teamwork needed improvement
- ☐ Leadership needed improvement
- ☐ Decision-making needed improvement
- ☐ Assessing needed improvement