

Postpartum Patients Presenting to the ED

(delivery within the last 6 weeks)

ED Assessment and Triage

Assess blood pressure and categorize degree of hypertension

NORMAL range BP

Systolic BP < 140

AND

Diastolic BP < 90

Routine ED assessment
triage and treat in ED
reassess BP
Consult OB MD as needed
or if BP changes

Do any of the following signs
or symptoms exist (concern
for postpartum -pre-
eclampsia)?

new onset headache
visual disturbances
RUQ/epigastric pain
SOB
pulmonary edema
oliguria
altered mental status seizure

POSTPARTUM HYPERTENSION

Systolic BP 140-159

OR

Dystolic BP 90-109

**Document any of the following
patient concerns/pre-eclampsia
symptoms?**

new onset headache
visual disturbances
RUQ/epigastric pain
SOB
pulmonary edema
oliguria
altered mental status
seizure

Call and transfer to OB
or triage to MAIN ED
Initiate OB Hypertension Management
panel
Notify OB HOSPITALIST

If BP is $\geq 160/110$ at any point,
recheck in 15 minutes
(160 systolic OR 110 diastolic)

SEVERE RANGE HYPERTENSION

Systolic BP ≥ 160

OR

Dystolic BP ≥ 110

1. Immediate OB ED / OB HOSPITALIST notification
2. Call BC Charge to initiate urgent transfer of patient (within 30 minutes) or room in MAIN ED with OB consult

- If patient directed to ED,
1. Initiate OB hypertension management panel
 2. re-check BP 15 minutes
 3. Notify OB HOSPITALIST

Sustained Severe Range
Systolic ≥ 160 OR Diastolic ≥ 110
is an **Obstetrical Hypertensive
Emergency** and requires timely
treatment of a 1st line
antihypertensive within 60 minutes
of the 1st severe range blood
pressure.