

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

OB Hypertensive Crisis Protocol

Version 2 2/3/20

Nursing Orders

- Pulse Oximetry Continuous
- Blood pressure every 10 minutes (*Blood pressure parameters: Greater than or equal to 160 mmHg systolic or greater than 110 mmHg diastolic, until within parameters x 2 values at least 10 minutes apart. Once stable, blood pressure may be taken every 30 minutes*)
- If Blood pressure remains outside parameters, after Hydralazine, notify provider
- Initiate OB Hypertensive Protocol

IV/Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids

- Lactated Ringers
- 125 milliliters/hr

Medications

- nifedipine (Procardia)
- 20 milligrams by mouth x 1 dose. Administer if unable to get IV access within 10 minutes
- labetalol (Normodyne)
- 20 milligrams intravenously x 1 dose, for blood pressure greater than or equal to 160 mmHg systolic or greater than 110 mmHg diastolic (If BP remains outside parameters after 20 minutes, move to Labetalol 40 milligrams intravenously x 1 dose)
 - 40 milligrams intravenously x 1 dose, , for blood pressure greater than or equal to 160 mmHg systolic or greater than 110 mmHg diastolic (If BP remains outside parameters after 20 minutes, move to Labetalol 80 milligrams intravenously x 1 dose)
 - 80 milligrams intravenously x 1 dose, for blood pressure greater than or equal to 160 mmHg systolic or greater than 110 mmHg diastolic (If BP remains outside parameters after 20 minutes, move to Hydralazine 10 milligrams intravenously x 1 dose)
- hydralazine (Apresoline)
- 10 milligrams intravenously x 1 dose, for blood pressure greater than or equal to 160 mmHg systolic or greater than 110 mmHg diastolic (If BP remains outside parameters after 20 minutes, notify provider)

Consult Provider

- Consult OB Anesthesia

Provider Signature: _____ Date: _____ Time: _____