OB Hypertension

Unique Plan Description: OB Hypertension
Plan Selection Display: OB Hypertension
PlanType: Medical
Version: 2
Begin Effective Date: 09/03/2020 09/03/2020 9:57
End Effective Date: Current
Available at all facilities

OB Hypertension
Vital Signs
- Blood Pressure now, q30min, If ORAL Antihypertensive, with Heart Rate, for at least 2 hour and Physician provided parameter and frequency met.
- Blood Pressure now, q15min, IF IV Antihypertensive, with Heart rate, for at least 2 hour and Physician provided parameter and frequency met
- Vital Signs now, q4hr, TPR & BP

Patient Care
- Notify Provider Vital Signs
- Ask Provider for BP parameters
- Discharge Patient
  Follow up appointment in 1 week for a Blood Pressure Check.

Medications
Antihypertensives
Oral
- nifedipine Immediate Release
  10 mg, Cap, Oral, Once
- nifedipine Immediate Release
  20 mg, Cap, Oral, Once

IV
Begin with Labetalol 20 mg IV followed at 15-min. intervals by doses of 20 to 80 mg up to a MAXIMUM Total Cumulative Dose of 220 mg.
- labetalol I.V.
  20 mg, Injection, IV Push, q15min PRN for increased blood pressure
  Do NOT exceed MAXIMUM Total dose of 220 mg.
- labetalol I.V.
  40 mg, Injection, IV Push, q15min PRN for increased blood pressure, Use as second dose if no response to 20 mg.
  Titrate to effect. Do NOT exceed MAXIMUM Dose of 220 mg.
- labetalol I.V.
  80 mg, Injection, IV Push, q15min PRN for increased blood pressure, Use as third dose if inadequate response to 20 mg and 40 mg.
  Recommended: Begin with 20 mg intravenously followed at 15-minute intervals by doses of 20 to 80 mg up to a MAXIMUM Total Cumulative Dose of 220 mg. As an example, give 20 mg, then 40 mg, then 80 mg, then 80 mg ----- if necessary. (from Up To Date)
- hydrALAZINE
  5 mg, Injection, IV Push, q15min PRN for increased blood pressure, May repeat after Provider consultation.
  MAX total dose of 25 mg.
  to a MAXIMUM of 25 mg.
- hydrALAZINE
  10 mg, Injection, IV Push, q15min PRN for increased blood pressure, May repeat after Provider consultation.

Signature ___________________________ Date _______________ Time ________________
OB Hypertension

consultation. MAX total dose of 25 mg.
to a MAXIMUM of 25 mg.

Laboratory

☐ Hepatic Function Panel
   now, Once, Nurse collect

☐ Creatinine
   now, Once, Nurse collect

☐ Urine 24 hour Creatinine Clearance
   now, Once, Nurse collect

☐ Urine 24 Hour Protein
   now, Once, Nurse collect

☐ CBC w/ Auto Diff
   now, Once, Nurse collect

☐ Microalbumin/Creat Random Urine
   now, Once, Nurse collect

☐ CMP
   Routine collect, now, Once, Nurse collect