

Preeclampsia Early Recognition Tool (PERT)

ASSESS	NORMAL (GREEN)	WORRISOME (YELLOW)	SEVERE (RED)
<b>Awareness</b>	Alert/oriented	<ul style="list-style-type: none"> <li>•Agitated/confused</li> <li>•Drowsy</li> <li>•Difficulty speaking</li> </ul>	<ul style="list-style-type: none"> <li>•Unresponsive</li> </ul>
<b>Headache</b>	None	<ul style="list-style-type: none"> <li>•Mild headache</li> <li>•Nausea, vomiting</li> </ul>	<ul style="list-style-type: none"> <li>•Unrelieved headache</li> </ul>
<b>Vision</b>	None	<ul style="list-style-type: none"> <li>•Blurred or impaired</li> </ul>	<ul style="list-style-type: none"> <li>•Temporary blindness</li> </ul>
<b>Systolic BP (mm HG)</b>	100-139	140-159	≥160
<b>Diastolic BP (mm HG)</b>	50-89	90-105	≥105
<b>HR</b>	61-110	111-129	≥130
<b>Respiration</b>	11-24	25-30	<10 or >30
<b>SOB</b>	Absent	Present	Present
<b>O2 Sat (%)</b>	≥95	91-94	≤90
<b>Pain: Abdomen or Chest</b>	None	<ul style="list-style-type: none"> <li>•Nausea, vomiting</li> <li>•Chest pain</li> <li>•Abdominal pain</li> </ul>	<ul style="list-style-type: none"> <li>•Nausea, vomiting</li> <li>•Chest pain</li> <li>•Abdominal pain</li> </ul>
<b>Fetal Signs</b>	<ul style="list-style-type: none"> <li>•Category I</li> <li>•Reactive NST</li> </ul>	<ul style="list-style-type: none"> <li>•Category II</li> <li>•IUGR</li> <li>•Non-reactive NST</li> </ul>	<ul style="list-style-type: none"> <li>•Category III</li> </ul>
<b>Urine Output (ml/hr)</b>	≥50	30-49	≤30 (in 2 hrs)
<b>Proteinuria</b> <small>(Level of proteinuria is not an accurate predictor of pregnancy outcome)</small>	Trace	<ul style="list-style-type: none"> <li>•≥ +1**</li> <li>•≥300mg/24 hours</li> </ul>	
<b>Platelets</b>	>100	50-100	<50
<b>AST/ALT</b>	<70	>70	>70
<b>Creatinine</b>	≤0.8	0.9-1.1	≥1.2
<b>Magnesium</b>	•DTR +1	•Diminished or absent patellar reflexes	•Respiration <12

**RED = SEVERE**

Trigger: 1 of any type listed below

**TO DO**

1 of any type

- Immediate evaluation
- Transfer to higher acuity level
- 1:1 staff ratio

Awareness  
Headache  
Visual

- Consider Neurology consult
- CT Scan
- R/O SAH/intracranial hemorrhage

BP

- Labetalol/hydralazine in 30 min
- In-person evaluation
- Magnesium sulfate loading or maintenance infusion

Chest Pain  
Respiration  
SOB  
O2 SAT

- Consider CT angiogram
- O2 at 10 L per rebreather mask
- R/O pulmonary edema
- Chest x-ray

**WORRISOME**

• Decreased mentation frequency

**TO DO**

- Notify provider
- Notify charge RN
- In-person evaluation
- Order labs/tests
- Anesthesia consult
- Consider magnesium sulfate
- Supplemental oxygen
- Patient to be made aware of onset