



Patient Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 MRN: \_\_\_\_\_  
 FIN: \_\_\_\_\_  
 Room #: \_\_\_\_\_

## 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*

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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*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*
- Microalb/Creat Random Urine  
*now, Once, Nurse collect*
- CMP  
*Routine collect, now, Once, Nurse collect*

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_