

Observation management of hypertension/pre-eclampsia

This table was adapted from the Queensland Maternity and Neonatal Clinical Guideline: Hypertension disorders of pregnancy.

Medication	Observations required	Frequency
Nifedipine	<ul style="list-style-type: none"> Blood pressure Heart rate/ pulse 	} – 15 minutely for 1 hour or with repeat dose } – Then hourly for 2 hours unless directed *Confirm with Team frequency after this time
	Urine output	Measure all output
	Fetal Heart	Continuous CTG >24 weeks
Hydralazine (bolus dose)	<ul style="list-style-type: none"> Blood pressure Heart rate/ pulse 	5 minutely until stable then hourly for 4 hours *If heart rate > 130bpm CEASE
	Fetal heart	Continuous CTG >24 weeks
Hydralazine (maintenance dose)	<ul style="list-style-type: none"> Blood pressure Heart rate/ pulse O₂ sats 	5 minutely during administration then hourly for 4 hours *Confirm with Team frequency after this time
	Urine output	Strict fluid balance – hourly input /output
	Fetal heart	Continuous CTG >24 weeks
Magnesium Sulphate (loading dose)	<ul style="list-style-type: none"> Blood pressure Heart rate / pulse Respiration rate 	5 minutely till stable min. of x4 readings
	Fetal heart rate	Continuous CTG >24 weeks
	Deep tendon reflexes	On completion of loading dose – notify MO if reflexed absent
Magnesium Sulphate (maintenance dose)	<ul style="list-style-type: none"> Blood pressure Heart rate / pulse Respiration rate O₂ Sats 	30 minutely
	Temperature	2 hourly
	Deep tendon reflexes	Hourly – record: A=Absent N=Normal B=Brisk
	IDC recommended	Hourly measure – strict fluid balance
	Fetal heart rate >26 weeks	Continuous CTG >24 weeks