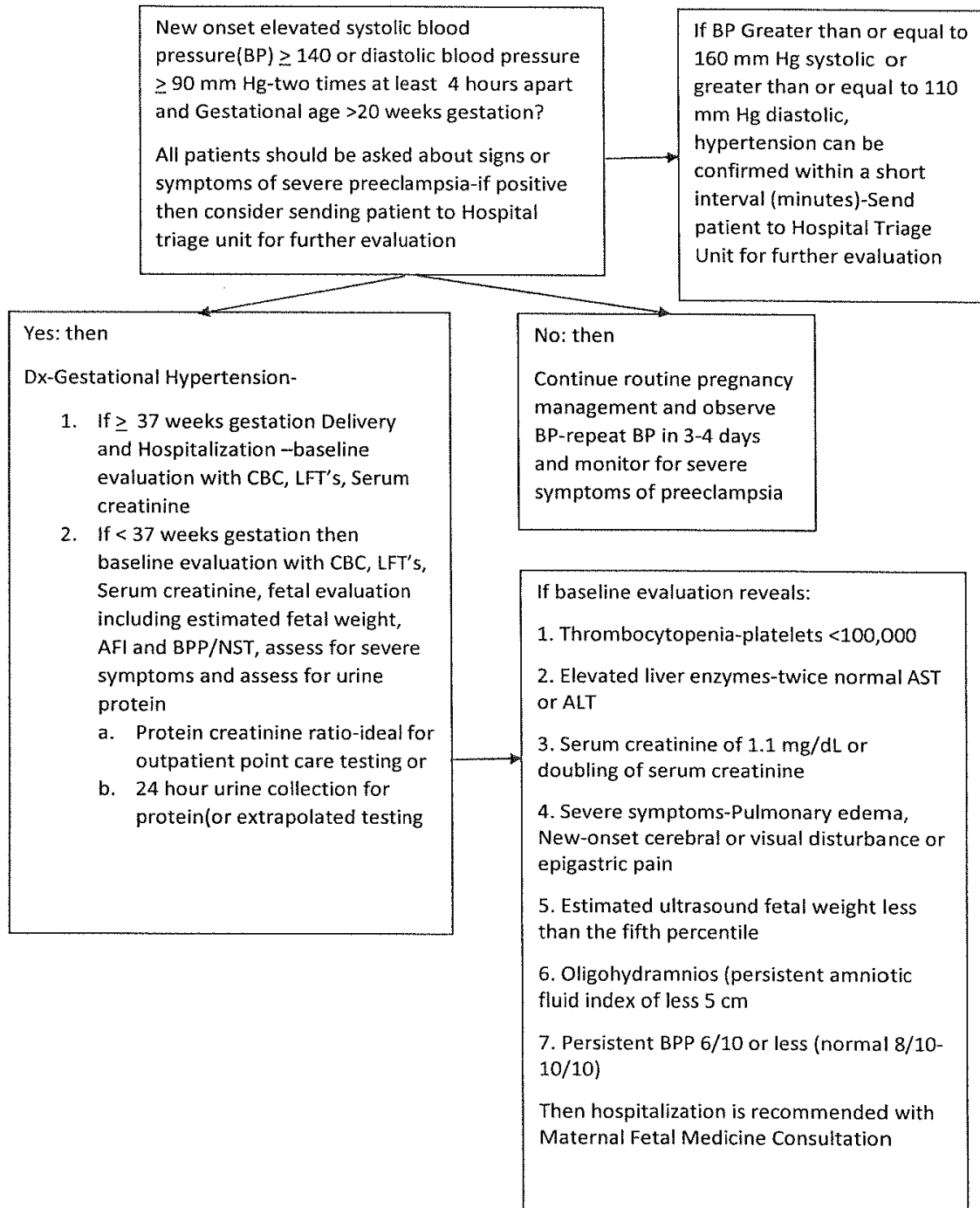


Initial evaluation of elevated blood pressure-triage and laboratory evaluation is encouraged through the office unless the patient presents with preeclampsia with severe features

OUTPATIENT MANAGEMENT ALGORITHM



Gestational Hypertension with positive urine protein testing:

1. Protein Creatinine Ratio of 0.3 or greater
2. 24 hour urine protein collection of 300 mg or greater

Dx-Preeclampsia

(If 37 weeks gestation or greater-Hospitalization and Delivery)

Gestational hypertension with negative urine protein testing:

1. Protein creatinine ratio of less than 0.3
2. 24 hour urine protein collection of less than 300 mg

Dx-Gestational hypertension

(If 37 week's gestation or greater Hospitalization and Delivery)

Preeclampsia < 37 week's gestation managed as outpatient

1. Maternal evaluation twice weekly-with BP monitoring and assessment for severe symptoms and at least weekly testing of CBC, LFT's and serum creatinine
2. Fetal evaluation twice weekly with BPP/NST

Gestational hypertension < 37 week's gestation managed as outpatient

1. Maternal evaluation weekly-with BP monitoring and assessment for severe symptoms and weekly testing of CBC, LFT's, serum creatinine and protein creatinine ratio
2. Fetal evaluation weekly with BPP/NST

If Maternal or Fetal evaluation reveals:

1. Thrombocytopenia-platelets <100,000
2. Elevated liver enzymes-twice normal AST or ALT
3. Serum creatinine of 1.1 mg/dL or doubling of serum creatinine
4. Maternal severe symptoms-Pulmonary edema, New-onset cerebral or visual disturbance or epigastric pain
5. Estimated ultrasound fetal weight less than the fifth percentile
6. Oligohydramnios (persistent amniotic fluid index of less 5 cm
7. Persistent BPP 6/10 or less (normal 8/10-10/10)

Then hospitalization is recommended with Maternal Fetal Medicine Consultation