## 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**

New onset elevated systolic blood pressure (BP) ≥ 140 or diastolic blood pressure ≥ 90 mm Hg-two times at least 4 hours apart and Gestational age >20 weeks gestation?

All patients should be asked about signs or symptoms of severe preeclampsia-if positive then consider sending patient to Hospital triage unit for further evaluation

If BP Greater than or equal to 160 mm Hg systolic or greater than or equal to 110 mm Hg diastolic, hypertension can be confirmed within a short interval (minutes)-Send patient to Hospital Triage Unit for further evaluation

Yes: then

**Dx-Gestational Hypertension-**

- If ≥ 37 weeks gestation Delivery and Hospitalization --baseline evaluation with CBC, LFT's, Serum creatinine
- If < 37 weeks gestation then baseline evaluation with CBC, LFT's, Serum creatinine, fetal evaluation including estimated fetal weight, AFI and BPP/NST, assess for severe symptoms and assess for urine protein
  - a. Protein creatinine ratio-ideal for outpatient point care testing or
  - b. 24 hour urine collection for protein(or extrapolated testing

No: then

Continue routine pregnancy management and observe BP-repeat BP in 3-4 days and monitor for severe symptoms of preeclampsia

If baseline 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. 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

Gestational Hypertension with positive urine protein testing:

- Protein Creatinine Ratio of 0.3 or greater
- 24 hour urine protein collection of 300 mg or greater

Dx-Preeclampsia

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

Preeclampsia < 37 week's gestation managed as outpatient

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

Gestational hypertension with negative urine protein testing:

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

Dx-Gestational hypertension

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

Gestational hypertension < 37 week's gestation managed as outpatient

- Maternal evaluation weekly-with BP monitoring and assessment for severe symptoms and weekly testing of CBC, LFT's, serum creatinine and protein creatinine ratio
- 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