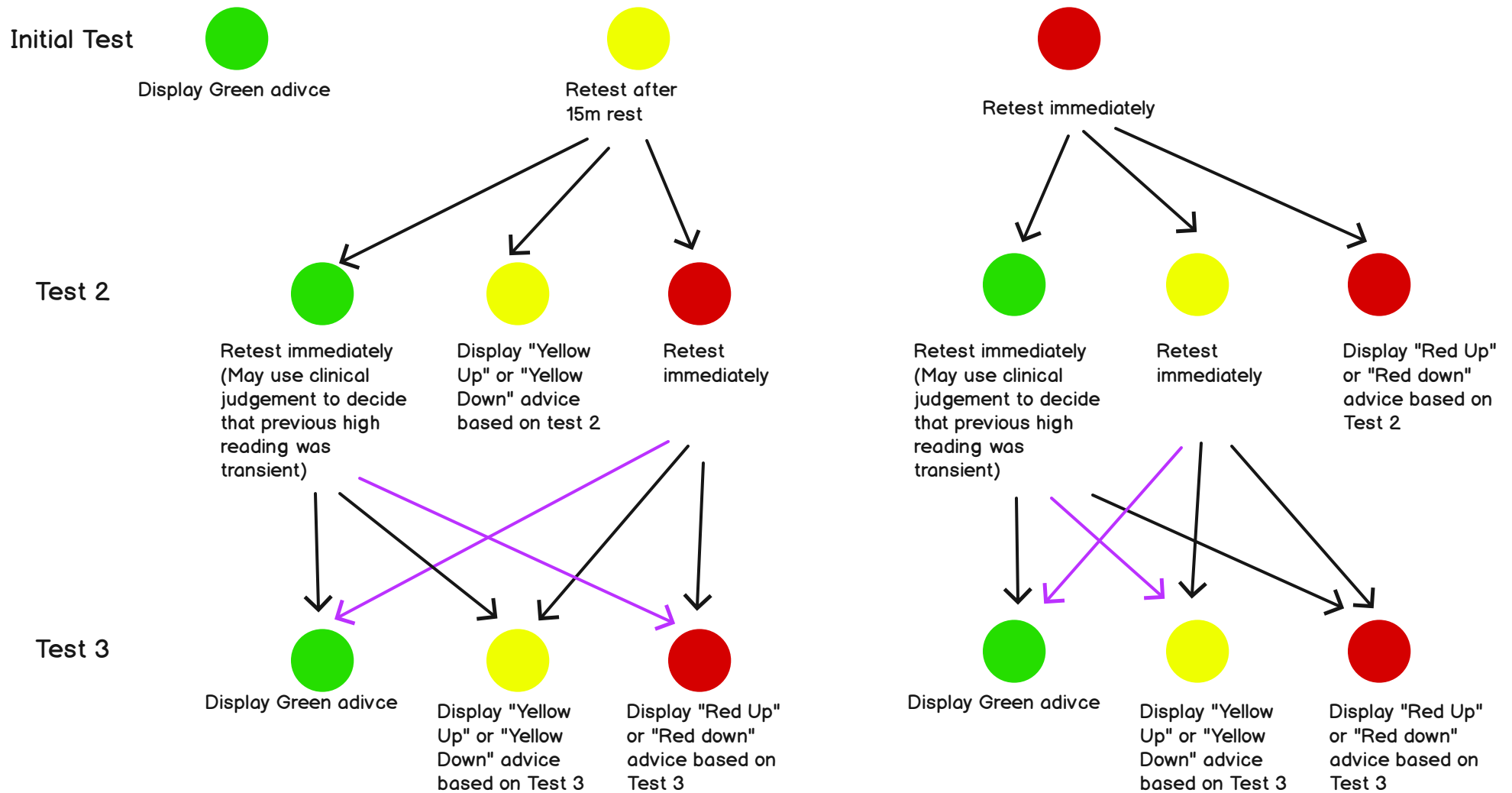


# Retest Logic



It's possible Up/Down arrows will change on retesting. Advice given will depend only on the final reading.

What should happen on the arrows shown in purple? These paths go through all 3 colours.

For cases when the SI and BP analysis differ:

- red superceeds yellow or green
- yellow superceeds green
- down superceeds up

# Advice Text

## Advice for Completed Readings

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### Analysis & Advice Summary

### Advice Details

Analysis, shown in quotes, is a brief summary of the patient's condition.

Advice Summary brief advice to the user about how to manage the patient's condition.

Advice Details are directly copied from the User Manual.

<b>Green</b>	"Patient is likely healthy"  Continue normal care	Patient is likely to be healthy. Continue with normal care.  Condition: BP <140 systolic and <90 diastolic and shock index <0.9
<b>Yellow Up</b>	"Raised BP"  Monitor for preeclampsia Transfer to health center within 24h	This is raised BP this patient may have preeclampsia. Action is needed Manage as you would normally e.g. measure urine dipstick, check for signs and symptoms (e.g. headaches, visual disturbance) and act accordingly If in the community transfer when practical (preferably within 24 hours)  Condition: Systolic BP ≥140 & ≤159 and/or diastolic ≥90 & ≤109
<b>Yellow Down</b>	"Low BP"  Common but assess for infection, bleeding, anaemia, and dehydration	This result can be common in pregnant women, however; It may indicate that the mother is developing infection or bleeding. The patient needs to be assessed to decide what action is required. If she is well (no bleeding, no signs of infection, feels well) she may have anaemia, dehydration, an irregular heart rhythm or endocrine disease or her blood pressure may be low in pregnancy. Consider undertaking routine checks for these when possible. If she is unwell e.g. vaginal bleeding, fever, discharge, constant abdominal pain or if she feels unwell e.g. feverish, pale, sweaty, breathless <ul style="list-style-type: none"> <li>Resuscitate as necessary e.g. keep warm, elevate legs.</li> <li>Transfer urgently (preferably within 4 hours).</li> <li>If bleeding, uterine massage after delivery of placenta, control of bleeding e.g. misoprostol, oxytocin, depending on what's available</li> <li>If sepsis, consider starting antibiotics if available.</li> </ul> Condition: Shock Index (HR/Systolic BP) is ≥0.9 and <1.7
<b>Red Up</b>	"Very raised BP"  Urgent action needed Transfer to health centre within 4h Monitor baby	This is very raised BP and indicates urgent action is needed Manage as you would normally e.g. measure urine dipstick, check for signs and symptoms and act accordingly Give antihypertensives if available e.g. methyldopa, nifedipine, labetalol Consider magnesium sulphate (intramuscular) if available If in the community transfer as soon as possible (preferably within 4 hours) Monitor the baby. If BP remains uncontrolled and gestation appropriate, seek senior advice regarding need to deliver.  Condition: Systolic ≥160 and/or diastolic ≥110
<b>Red Down</b>	"In sever shock"  Urgent action needed Get help and assess mother Immediate transfer to health centre (max 1h)	<b>Community Version</b> <ul style="list-style-type: none"> <li>Stay calm. Do NOT leave the woman alone.</li> <li>Get HELP</li> <li>Assess the mother</li> <li>Is she pale, sweaty, cold, breathing fast, drowsy or confused?</li> <li>Is she unwell e.g. vaginal bleeding, fever, discharge, constant pain?</li> </ul> <b>Treatment:</b> <ul style="list-style-type: none"> <li>Keep her warm and elevate legs if possible</li> <li>Organise immediate transfer (within 1 hour)</li> <li>If bleeding, uterine massage after delivery of placenta, give medication to contract uterus if available e.g. misoprostil 600mcg orally.</li> <li>If sepsis, consider starting antibiotics</li> </ul> <b>Hospital Version</b> <ul style="list-style-type: none"> <li>Stay calm. Do NOT leave the woman alone.</li> <li>Get HELP</li> <li>Assess the mother</li> <li>Is she pale, sweaty, cold, breathing fast, drowsy or confused?</li> <li>Is she unwell e.g. vaginal bleeding, fever, discharge, constant pain?</li> </ul> <b>Treatment:</b> <ul style="list-style-type: none"> <li>Keep her warm and elevate legs if possible</li> <li>Oxygen</li> <li>IV fluids give quickly through a large bore cannula e.g. 2 litres in first hour</li> <li>Collect blood to test hemoglobin, do an immediate cross-match</li> <li>Catheterise the bladder to monitor input/output</li> <li>Decide on the cause of shock and manage as you would normally</li> <li>If bleeding transfuse blood, give uterotonics such as IV oxytocin, misoprostil or carboprost</li> <li>Consider operative interventions if appropriate and available</li> <li>If severe infection, keep hydrated, give IV antibiotics</li> </ul> Condition: