

Washington Blue Band Initiative Example Forms



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SECTION 1
Policy and Process

OB Policy. Severe Hypertension in Pregnancy Treatment and Preeclampsia Early Recognition

Severe Hypertension in Pregnancy Treatment and Preeclampsia Early Recognition

Quality Check		Safety Precaution		Standard WIP	
					
<p>Purpose: To outline the specific signs and symptoms related to the recognition of the stages of preeclampsia for RNs and OB providers from normal to severe and to guide them in their actions for provider notification and treatment. To provide OB providers and RNs the recommended steps and algorithm to follow for treatment of gestational hypertension with severe features.</p> <p>Related Policies or Evidence: Standard Process: Blue Band Initiative ACOG District II, Severe Hypertension in Pregnancy; Bundle Updates (July 2017) ACOG Severe Hypertension Update.pdf ACOG, Maternal Safety Bundle for Severe Hypertension in Pregnancy (July 2017) ACOG Hypertension Bundle.pdf</p>					
<p>Roles/Work Units Who Must Adopt This Process: OB providers, Family Birthplace RNs</p>				<p>Takt Time:</p>	
STEP	OPERATOR	TASK DESCRIPTION		TOOLS/SUPPLIES REQUIRED	
1. 	RN, OB provider	RN utilizes the Preeclampsia Early Recognition Tool (PERT) during patient assessment throughout the hospital stay as a reference point to recognize and act on assessment findings. If at any time the patient develops a trigger from one of the "worrisome" or "severe" columns, the provider should be notified. Evaluation and treatment should then proceed as outlined in the tool.		PERT tool	
2. 	RN	Blood pressures should be taken with an appropriate cuff with patient sitting or in semi-recumbent position. If systolic is 160 or greater, or diastolic 110 or greater, have patient rest in the left lateral position in between blood pressure readings.		BP cuff and BP machine	
3. 	RN	Will notify provider of severe range B/Ps as described in the PERT tool.			
4. 	OB provider	Will initiate Severe Hypertension in Pregnancy Treatment Algorithm and place order for medication protocol 1,2, or 3 at providers preference		Severe Hypertension in Pregnancy Treatment Algorithm	
5.  	RN	Will verify and initiate orders and follow algorithm protocol as ordered.		There is a laminated algorithm in each patient room on the EFM cart – see attachment below	
<p>Approval Date: 4/27/2021</p>		<p>Sponsored and Approved by: Dr. Lisa Galbraith, Medical Director for Women's and Children's Services Aimee Borely, Director for Women's and Children's Services</p>		<p>Author: Jennifer Paxton, NM Labor & Delivery</p>	
<p>Governing Department: Family Birthplace</p>		<p>Associated Policy:</p>		<p>Next Review Date: 4/27/2024</p>	

6. 	RN, OB provider	Will follow algorithm until severe range B/Ps resolve. If B/Ps in severe range recur after 60 minutes of previous dose, RN will restart protocol and notify the physician.	Severe Hypertension in Pregnancy Treatment Algorithm
7. 	RN, L&D Shift Coordinator (or designee), OB provider	De-brief of event will occur in the following situations/conditions (but not limited to): <ul style="list-style-type: none"> • Eclamptic Seizure • Repeated use of algorithm with worsening of patient symptoms • Transfer of patient to a higher level of care. • Hemolysis Elevated Liver Low Platelets (HELLP) syndrome • Disseminated intravascular coagulation (DIC) • Intracranial Bleed (ICB) • Stroke • Severe morbidity • Liver hematoma • Death 	
8.  	RN, OB provider, patient	Prior to discharge, patient will receive a Blue Band signifying her history of being monitored or treated for hypertension during pregnancy or in the post-partum period. Patient will also be educated on the purpose of the band and the importance of wearing the band until instructed to remove it by her provider, the signs and symptoms of hypertension (HTN)/pre-eclampsia, when to seek care if symptomatic, and when to schedule a post discharge follow-up appointment.	Blue Band, Pre-eclampsia/HTN warning signs written information, printed discharge instructions
9. 	Perinatal Quality Review team	Severe hypertension/preeclampsia cases outlined below will be reviewed to determine that care provided was in alignment with the Standard Process and Hypertension Algorithm. Cares/conditions for review: <ul style="list-style-type: none"> • Eclamptic Seizure • Repeated use of algorithm with worsening of patient symptoms • Transfer of patient to a higher level of care. • Hemolysis Elevated Liver Low Platelets (HELLP) syndrome • Disseminated intravascular coagulation (DIC) • Intracranial Bleed (ICB) • Stroke • Severe morbidity • Liver hematoma • Death 	Patient records, completed de-brief

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Governing Department: Family Birthplace	Associated Policy:	Next Review Date: 4/27/2024

Photo Page

**Step #1
Preeclampsia
Early
Recognition
Tool (PERT)**

Preeclampsia Early Recognition Tool (PERT)

ASSESS	NORMAL (GREEN)	WORRISOME (YELLOW)	SEVERE (RED)
Awareness	Alert/oriented	Agitated/confused Drowsy Difficulty speaking	Unresponsive Seizing
Headache	None	Mild headache Nausea, vomiting	Unrelieved headache
Vision	No Changes	Blurred or impaired	Temporary blindness
DTRs/Clonus	1+-2+/no beats of clonus	3+/any clonus	3+-4+/any clonus
Systolic BP	100-139	140-159	greater than or equal to 160
Diastolic BP	50-89	90-109	greater than or equal to 110
Respirations	11-24	25-30	less than 10 or greater than 30
SOB	Absent	Present	Present
O2 Sat	greater than or equal to 95%	91%-94%	less than or equal to 90%
Pain: Abdomen or chest	None	Nausea, vomiting Chest pain Abdominal/epigastric pain	Nausea, vomiting Chest pain Abdominal/epigastric pain
Fetal Signs	Category I Reactive NST	Category II IUGR Non-reactive NST	Category III
Urine Output (mL/hour)	greater than or equal to 50 mL per hour	30-49 mL per hour	less than or equal to 30mL per hour
Proteinuria	Trace	greater than or equal to +1** greater than or equal to 300mg/24 hours	
Platelets	greater than 100	50-100	less than 50
AST/ALT	less than 70	greater than 70	greater than 70
Prot./Creat. Ratio	less than 0.3	0.3-1.0	greater than 1.0
Creatinine	less than or equal to 0.8	0.9-1.1	greater than or equal to 1.2
Magnesium Sulfate Toxicity	DTR 1+ Respirations 16-20	Depression of patellar reflexes	Respirations less than 12/minute

GREEN = NORMAL:
Proceed with protocol

YELLOW = WORRISOME: Increase assessment frequency

of Triggers TO DO:
1 trigger: Notify Provider
2 or more: Notify Shift Coordinator
In-person evaluation
Order labs/tests
Consider Magnesium sulfate
Supplemental O2

RED= SEVERE

Trigger: 1 of any type listed below **TO DO:**

Immediate evaluation
1 of any type: Increased acidity
Awareness: Consider Ct Scan
Headache/visual BP: R/O SAH/Intracranial bleed
Treat within 60 min. In person evaluation
Magnesium sulfate
Respiration: O2 at 10L/mask
SOB: R/O pulmonary edema
O2 SAT: Chest x-ray

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Severe Hypertension in Pregnancy Treatment Algorithm

Antepartum, Intrapartum, and Postpartum

Steps #4, 5 & 6 Severe Hypertension in Pregnancy Treatment Algorithm



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Governing Department: Family Birthplace	Associated Policy:	Next Review Date: 4/27/2024

Step #8 Blue Band Initiative patient hand out (front and back views), also provided in Spanish



What is it?
 Postpartum Pre-eclampsia is a serious disease related to high blood pressure. It can happen to any woman up to 6 weeks after delivery.

Risks to You:

- Seizure
- Stroke
- Organ damage
- Death

Warning Signs:

- Stomach pain
- Feeling nauseous; throwing up
- Swelling in your hands and face
- Headaches
- Seeing spots
- Shortness of breath

What should you do?

- Follow up with your doctor within 5 days of being discharged from the hospital for a blood pressure check
- Keep all follow-up doctor appointments
- Go directly to the emergency room and report you have been recently pregnant

18% of the deaths related to pregnancy in 2015-2016 resulted from seizures due to pre-eclampsia, but it is preventable! Yakima County hospitals are working together to raise awareness and treat pre-eclampsia as soon as it is identified. If you have any symptoms, call your physician immediately or go to the emergency department and tell them you were recently pregnant.

For more information, go to EclampsiaInfo.org

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Blue Band Initiative Process



STANDARD PROCESS

Blue Band Initiative

Version: 2

PURPOSE:	To describe the process for identification and education of pregnant or post-partum patients who may present for care that are at high risk for pre-eclampsia. This process enables emergency department (ED) staff and other medical providers to more easily identify the women at risk and expedite appropriate treatment, thus decreasing morbidity and mortality related specifically to pre-eclampsia.
TARGET DEPARTMENTS:	Family Birthplace & Emergency Department (ED)
TARGET STAFF ROLES:	FBP staff, ED staff, OB providers, maternal health nurses & community providers
RELATED POLICIES:	<p>Standard Processes:</p> <ul style="list-style-type: none"> • Severe Hypertension in Pregnancy Treatment and Preeclampsia Early Recognition • Magnesium Sulfate Administration, Vital Sign, DTR and Intake & Output Assessment Requirements in Pre-Term and Preeclamptic OB Patients • Maternal Early Warning System (MEWS) Trigger Tool Process
LIPPINCOTT REFERENCE ARTICLES:	<p>Hypertension in pregnancy patient care, home care: https://procedures.lww.com/lmp/view.do?pld=5635631&hits=preeclampsia&a=true&ad=false&q=preeclampsia</p> <p>Chronic hypertension in pregnancy patient care: https://procedures.lww.com/lmp/view.do?pld=1345530&hits=preeclampsia&a=true&ad=false&q=preeclampsia</p>

CHECKLIST


X	SUPPLIES/EQUIPMENT NEEDED:	IMAGES:
	Blue wrist band	 

Executive Sponsor: Dr. Lisa Galbraith, Medical Director Women's and Children's Aimee Borley, Clinical Director Women's and Children's	Author: Jennifer Palacz, Nurse Manager Labor & Delivery	Governing Department: Family Birthplace
Approved By: CNO, Global Admin, Policy Committee 01/19/2022		Next Review Date: 01/19/2025 *3 years from approval date*

STANDARD PROCESS

Blue Band Initiative

Version: 2

	<p>Postpartum Preeclampsia rack card (Spanish and English), see the images at the end of this standard process for the information included on the back of the rack card.</p>		
	<p>Website for information: www.EclampsiaInfo.org</p>		

DETAILED PROCESS INFORMATION/STEPS:

1. **Patient is monitored or treated for hypertension intra or postpartum:**
 - Place a blue neoprene wrist band on any patient that is monitored or treated for hypertension (HTN) **during pregnancy or in the postpartum period.**
 - Give the patient the appropriate rack card and instruct them to keep it for reference.
 - Instruct the patient to leave the band on until delivery.
 - At time of delivery, the patient will be instructed to wear the band until her 6 week follow up exam with her OB provider.

2. **Patient education:**
 - Educate the patient about the purpose of the band and the importance of wearing the band until instructed to remove it by her provider.
 - Educate the patient on the signs and symptoms of HTN/preeclampsia and when to seek care if symptoms appear.
 - Educate patients that they should read and refer to their rack card, or go to the website, www.EclampsiaInfo.org (printed on the blue band) for additional information.
 - **Pregnant & postpartum women:** instruct **BOTH** to call their OB provider's office or to present to the obstetrical emergency department (OBED) if they are symptomatic.

DEFINITIONS:

<p>Executive Sponsor: Dr. Lisa Galbraith, Medical Director Women's and Children's Aimee Borley, Clinical Director Women's and Children's</p>	<p>Author: Jennifer Palacz, Nurse Manager Labor & Delivery</p>	<p>Governing Department: Family Birthplace</p>
<p>Approved By: CNO, Global Admin, Policy Committee 01/19/2022</p>		<p>Next Review Date: 01/19/2025 *3 years from approval date*</p>

Blue Band Initiative
Version: 2




ADDITIONAL PHOTOS, ALGORITHMS, GRAPHICS:



<p>Executive Sponsor: Dr. Lisa Galbraith, Medical Director Women's and Children's Aimee Borley, Clinical Director Women's and Children's</p>	<p>Author: Jennifer Palacz, Nurse Manager Labor & Delivery</p>	<p>Governing Department: Family Birthplace</p>
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OB Policy. Obstetrical (OB) Patients Presenting at the Hospital for Emergency Services




Obstetrical (OB) Patients Presenting at the Hospital for Emergency Services

Quality Check		Safety Precaution	Standard WIP
			
Purpose: To determine when a pregnant patient will be evaluated in the main emergency department (Main ED) versus going to the 4 th floor obstetrical emergency department (OBED) and to reduce the amount of time pregnant patients spend in the Main Entrance or Emergency Department (ED) waiting areas.			
Related Policies or Evidence: Standard Processes: 1. Assessment of Pregnant Women Presenting with Non-Catastrophic Trauma, 2. Guidelines for Admission of the Pregnant Woman: Medical and/or Psychiatric Diagnoses and Non-Obstetrical Admissions, 3. Blue Band Initiative Policy: Guidelines for Hospital Admission of the Pregnant Woman			
Roles/Work Units Who Must Adopt This Process: Emergency department and Family Birthplace RNs, 4 th floor & entrance greeters, ED providers, OB hospitalists/providers		Takt Time:	
STEP	OPERATOR	TASK DESCRIPTION	TOOLS/SUPPLIES REQUIRED
1.	Patient, entrance & 4 th floor greeters, secretary, security	Pregnant patients arrive at the hospital to be seen in the ED/OBED (see photo pages for secretary, security and greeter instructions).	OBED instructions for security, secretaries and greeters
2.	4 th floor greeter, RN, ED Physician, OB hospitalist	Patient less than 20 weeks pregnant usually seen in the main ED: ED physician to notify obstetrician and consult with OB hospitalist as needed.	Gestational wheel, greeter gestation calendar
3.	Nurse, ED Physician, OB hospitalist/provider	Patient greater than or equal to 20 weeks pregnant (may present with an OBED pass): 1. All patients over 20 weeks should be sent to The Family Birthplace for evaluation in the OBED unless otherwise specified in the Obstetrical Patients Presenting in the Emergency Department algorithm (see photo section). 2. All obstetrical problems shall be brought to OBED first where the OB Hospitalist will be notified.	Obstetrical Patients Presenting in the Emergency Department algorithm
4.		Blue Bands: Patients presenting wearing a blue band (indicative of issues with hypertension in pregnancy) who are pregnant or are within 6 weeks of delivery should all be seen in the OBED unless presenting with a complaint indicating primary treatment in the Main ED according to the algorithm as stated in step #3.	Blue Band Initiative, Obstetrical Patients Presenting in the Emergency Department algorithm

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Governing Department: Family Birthplace	Associated Policy: Guidelines for the Admission of the Pregnant Woman	Next Review Date: 2/10/2024

Obstetrical (OB) Patients Presenting at the Hospital for Emergency Services

Photo Page

<p>Step #1 Security and greeter instructions for pregnant/OB patients presenting to the hospital for emergency services</p>	<p style="text-align: center;"><u>PREGNANT/OB PATIENTS (security and greeter instructions)</u></p> <ol style="list-style-type: none"> 1. All patients arriving to the Main or the ED entrances with a BLUE BAND, a HOT PINK OBED PASS (may be a photo on phone), or say they are here for an appointment, induction of labor or C-section on the 4th floor should be escorted to the 4th floor by a 4th floor greeter. 2. When these patients arrive, security or entrance greeter will call 8233 and let the 4th floor secretary know there is an OB/pregnant patient and where they are waiting. 3. Then, security or the greeter will escort/direct the patient to the OBED waiting area (NOT DIRECTLY TO THE 4th FLOOR). The waiting area for the ED are the chairs near the WEST ELEVATORS and for the Main entrance is the small seating area across from the Gift Shop. There are signs posted there. 4. IMPORTANT: If the patient is pregnant and she says she needs to be seen, please call 8233. The 4th floor greeter will come to the waiting area and escort the patient where they need to go. THANK YOU! <div style="display: flex; justify-content: space-around; align-items: center;">    </div>
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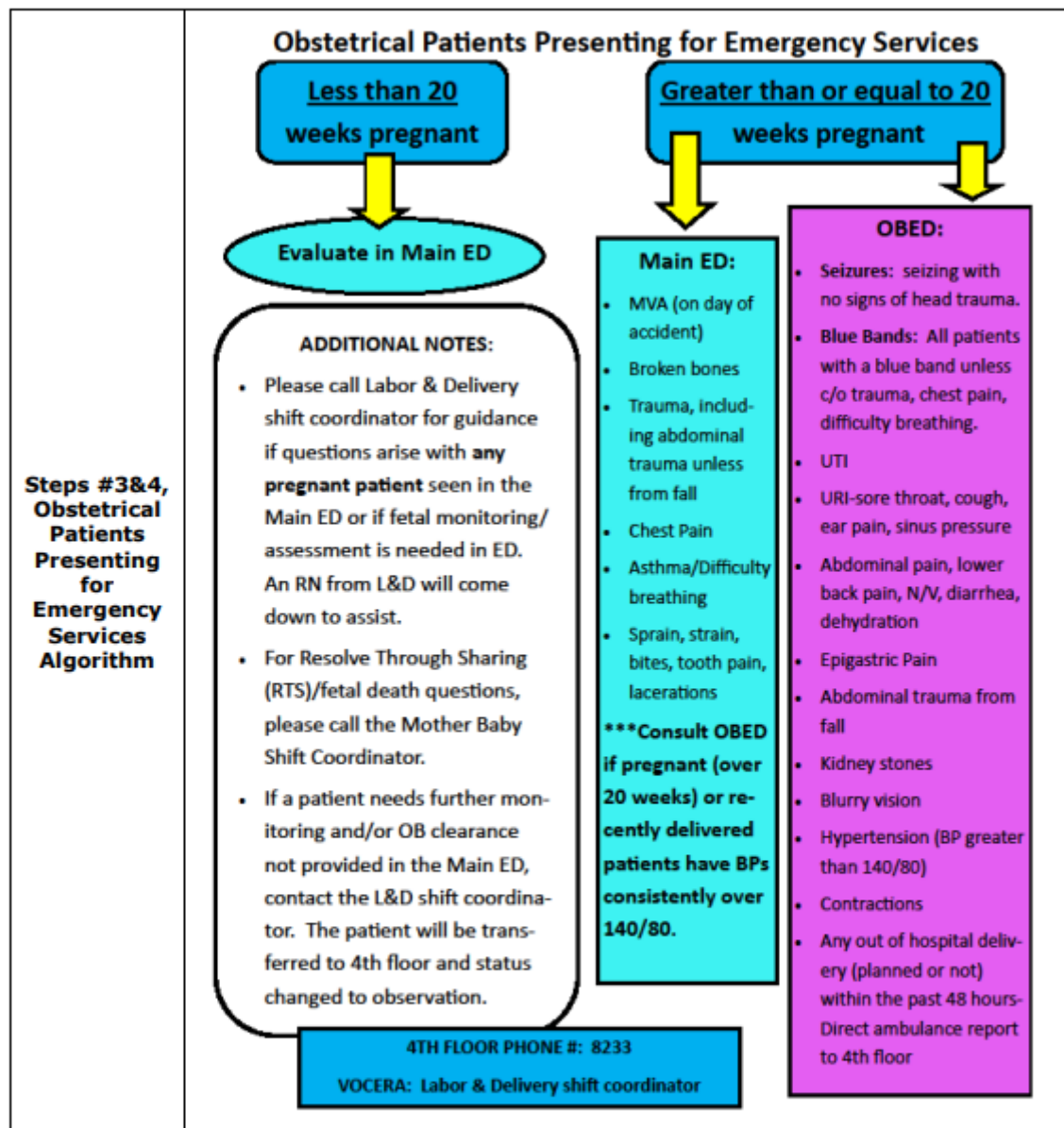
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<p>Governing Department: Family Birthplace</p>	<p>Associated Policy: Guidelines for the Admission of the Pregnant Woman</p>	<p>Next Review Date: 2/10/2024</p>

Obstetrical (OB) Patients Presenting at the Hospital for Emergency Services

<p>Step #2 Registration and secretary instructions for pregnant/OB patients presenting to the hospital for emergency services</p>	<p>Pregnant/OB Patients (Registration & Secretary instructions)</p> <ul style="list-style-type: none"> • All patients with OBED Passes and Blue Bands come to the 4th floor, unless they meet the main ED criteria in the algorithm <ul style="list-style-type: none"> • OBED patients are Quick Reg'd by 4th floor secretary • All scheduled inductions and C-Sections will also come to the 4th floor BEFORE registering. 4th floor secretary will call registration and they will come up to 4th floor to register the patient • GREETERS: Please, ask the patient if they have an OBED PASS. If NOT, ask their due date. If it is AFTER the date on the "GREETER DUE DATE CALENDAR," call the 4th floor secretary to let them know and escort the patient to the Main ED. • NOTE: if you are not sure, just bring the patient to the 4th floor, they can always be taken back down if Needed • COVID symptoms: if the patient has COVID symptoms, the patient must go directly into a room and NOT wait in the lobby. Call the 4th floor unit secretary and she will tell you what room to take the patient to.
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<p>Governing Department: Family Birthplace</p>	<p>Associated Policy: Guidelines for the Admission of the Pregnant Woman</p>	<p>Next Review Date: 2/10/2024</p>

Obstetrical (OB) Patients Presenting at the Hospital for Emergency Services



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Obstetrical (OB) Patients Presenting at the Hospital for Emergency Services

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SECTION 2

Patient Education

Wallet Card. Post Partum Preeclampsia, in English

Postpartum Pre-eclampsia

Postpartum Pre-eclampsia can happen to any woman up to 6 weeks after delivery.

Risks to You:

- Seizure
- Stroke
- Organ damage
- Death

Warning Signs of

Postpartum Pre-eclampsia:

- Stomach pain
- Feeling nauseous; throwing up
- Swelling in your hands and face
- Headaches
- Seeing spots
- Shortness of breath

What Should You Do?

- Follow up with your doctor within 3 days of being discharged from the hospital for a blood pressure check
- Keep all follow-up doctor appointments
- **If you are experiencing symptoms, go directly to the emergency room and report you have been recently pregnant**

For more information,
go to EclampsiaInfo.org

Rack Card. Postpartum Preeclampsia, You are still at risk, in English, front side



What is it?

Postpartum Pre-eclampsia is a serious disease related to high blood pressure. It can happen to any woman up to 6 weeks after delivery.

Risks to You:

- Seizure
- Stroke
- Organ damage
- Death

Warning Signs:

- Stomach pain
- Feeling nauseous; throwing up
- Swelling in your hands and face
- Headaches
- Seeing spots
- Shortness of breath

What should you do?

- Follow up with your doctor within 3 days of being discharged from the hospital for a blood pressure check
- Keep all follow-up doctor appointments
- Go directly to the emergency room and report you have been recently pregnant

18% of the deaths related to pregnancy in 2015-2016 resulted from seizures due to pre-eclampsia, but it is preventable! Yakima County hospitals are working together to raise awareness and treat pre-eclampsia as soon as it is identified. If you have any symptoms, call your physician immediately or go to the emergency department and tell them you were recently pregnant.

For more information, go to EclampsiaInfo.org



Preeclampsia de posparto

La preeclampsia de posparto puede ocurrirle a cualquier mujer hasta 6 semanas después del parto.

Riesgos para usted:

- Convulsiones
- Derrame cerebral
- Daño de órganos
- Muerte

Señales de advertencia:

- Dolor de estómago
- Sentir náuseas; vomito
- Hinchazón en manos y cara
- Dolores de cabeza
- Ver puntos
- Falta de aliento

¿Qué debe hacer?

- Haga una cita de seguimiento con su médico dentro de los 3 días después de haber sido dada de alta del hospital para que se le cheque la presión arterial.
- Cumpla con todas las citas médicas de seguimiento.
- **Vaya directamente a la sala de emergencias e informe que ha estado embarazada recientemente.**

Para más información,
visite EclampsiaInfo.org

Rack Card. Postpartum Preeclampsia, Preeclampsia de posparto, in Spanish, front side



Preeclampsia de posparto

Aún está en riesgo. ¡Busque ayuda de inmediato!



¿Qué es?

La **preeclampsia de posparto** es una enfermedad grave relacionada con la presión arterial alta. Puede sucederle a cualquier mujer hasta 6 semanas después del parto.

Riesgos para usted:

- Convulsiones
- Derrame cerebral
- Daño de órganos
- Muerte

Señales de advertencia:

- Dolor de estómago
- Sentir náuseas; vomito
- Hinchazón en manos y cara
- Dolores de cabeza
- Ver puntos
- Falta de aliento

¿Qué debe hacer?

- Haga una cita de seguimiento con su médico dentro de los 3 días después de haber sido dada de alta del hospital para que se le cheque la presión arterial.
- Cumpla con todas las citas médicas de seguimiento.
- Vaya directamente a la sala de emergencias e informe que ha estado embarazada recientemente.

El 18% de las muertes relacionadas con el embarazo en 2015-2016 se debieron a convulsiones debido a la preeclampsia, pero es prevenible. Los hospitales del Condado de Yakima están trabajando juntos para crear conciencia y tratar la preeclampsia tan pronto como se identifique. Si tiene algún síntoma, llame inmediatamente a su doctor o vaya a la sala de emergencias y dígales que ha estado embarazada recientemente.

Para más información, visite EclampsiaInfo.org



Providence-Swedish Regional Medical Center: Wallet Card

Blue Band

I am a pregnant/postpartum woman. During my pregnancy/delivery/postpartum period (up to 6 weeks after birth), I have had issues with hypertensive disorder. I am wearing this blue band to indicate my issues with hypertension. I should be seen immediately.

Blue band ID

Name: _____

Providence Health & Services, Everett, WA

Date of Birth: _____

Date of Delivery: _____

Providence-Swedish Regional Medical Center: Fact Sheet: Educ for Pt. Why I have been given a Blue Band.



Why Have I Been Given a Blue Band It Could Save Your Life!

Providence St. Joseph Health's Family Maternity Center has worked with the emergency department and clinics to see that you will be treated quickly if you go there for treatment related to hypertension with pregnancy or postpartum. Please wear your blue band and carry your wallet card with you at all times.



Why Do I Have a Blue Band?

You have been ...

- Treated for elevated blood pressure (Top number ≥ 140 , Bottom number ≥ 90) during your pregnancy or post-partum hospital stay(s)
- Told that you have hypertension/hypertensive disorder, pre-eclampsia or eclampsia
- Encouraged to wear this band and carry the wallet card until 6 weeks postpartum to receive timely care at a clinic or emergency department



SECTION 3

Provider Education

Providence-Swedish Regional Medical Center: SBAR Blue Bands, Post Partum Preeclampsia, front side



BLUE BANDS

FOR POSTPARTUM PRE-ECLAMPSIA | FAMILY MATERNITY CENTER
PROVIDENCE REGIONAL MEDICAL CENTER EVERETT

SITUATION

Starting September 1st 2018 Providence FMC will be launching the Blue Bands for postpartum pre-eclampsia awareness and treatment.

Started with DNP student, Autumn Walker

Reorganized in January 2020.

BACKGROUND

Pre-Eclampsia is a serious disease related to high blood pressure that some women develop during the second half of pregnancy or up to 6 weeks after delivery.

Left untreated, pre-eclampsia can lead to seizures, stroke, organ damage and death. Pre-Eclampsia is one of the 3 leading causes of maternal mortality in the US.

Early recognition and treatment of pre-eclampsia can save lives and we need your help!

ASSESSMENT

Patients with pre-eclampsia often present with one or more of the following signs or symptoms:

- High blood pressure (Systolic >140, Diastolic >90)
- Headache
- Seeing spots
- Stomach pain
- Nausea & vomiting
- Shortness of breath

RECOMMENDATION

Together, we can quickly identify and properly treat our patients with pre-eclampsia. At discharge from the Family Maternity Center, pregnant or postpartum women identified as at-risk for pre-eclampsia or have been treated for a hypertensive episode will be given a blue band to wear on their wrist for the 6-week postpartum period.

If a patient presents to your facility with any of the above signs or symptoms, ask yourself: Is she wearing blue band? Is she within 6 weeks of delivery? If the answer is yes, please do not hesitate.

Once identified please call Providence FMC triage at 425-304-6100. Ask to speak to a triage nurse who can properly assist you caring for your patient.

Providence-Swedish Regional Medical Center: SBAR Blue Bands, Post Partum Preeclampsia, back side

Include:

- Pictures of blue bands
- ED Education sheet
- Wallet card
- Patient Education

Discuss:

- Smartphrase – FMCBLUEBAND

To Do:

- Develop power point – send to Becky
 - Current documents
 - Original education went to EMS and outlying clinics
 - Teach in Cl. Academy to ED residents/fellows – have an OB day
 - Patient stories
 - Complete recovery – postpartum patients
 - Outcomes
 - Made easy with smartphrase

Amy Anderson



What are Blue Bands? Save a Life

**Why are Blue Bands Important to Me?
This pregnant or postpartum woman
has a blue band on, so she will be
* treated promptly**

Why Does that Woman Have a Blue Band?

This woman was...

- Treated for elevated blood pressure (Systolic ≥ 140 , Diastolic ≥ 90) any time during her pregnancy or post-partum period
- Diagnosed with pre-eclampsia or eclampsia, pregnancy hypertensive disorder, or gestational hypertension
- Encouraged to wear this band until 6 weeks postpartum to receive timely care at a clinic or emergency department

Your actions may save a life!

According to the CDC...

“700 women die from pregnancy-related complications each year in the US”

“60% of pregnancy related deaths could be prevented



SBAR Reminders:

S...(Situation) Blue bands bring about awareness and prompt treatment of patients diagnosed with pre-eclampsia/eclampsia

B...(Background) Pre-Eclampsia or Eclampsia is a serious disease related to high blood pressure that some women develop during the second half of pregnancy up to 6 weeks post-partum. Left untreated, these diseases can lead to seizures, stroke, organ damage, and death for mom or baby.

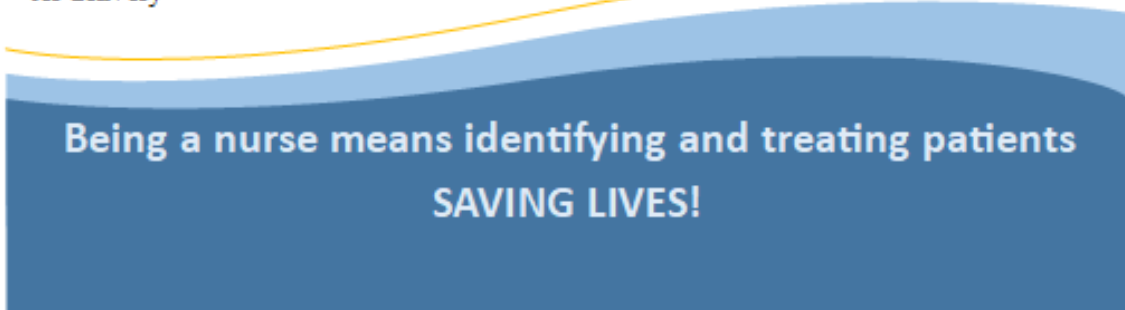
Early Recognition Saves Lives!



A...(Assessment) Patient's assessment may include:

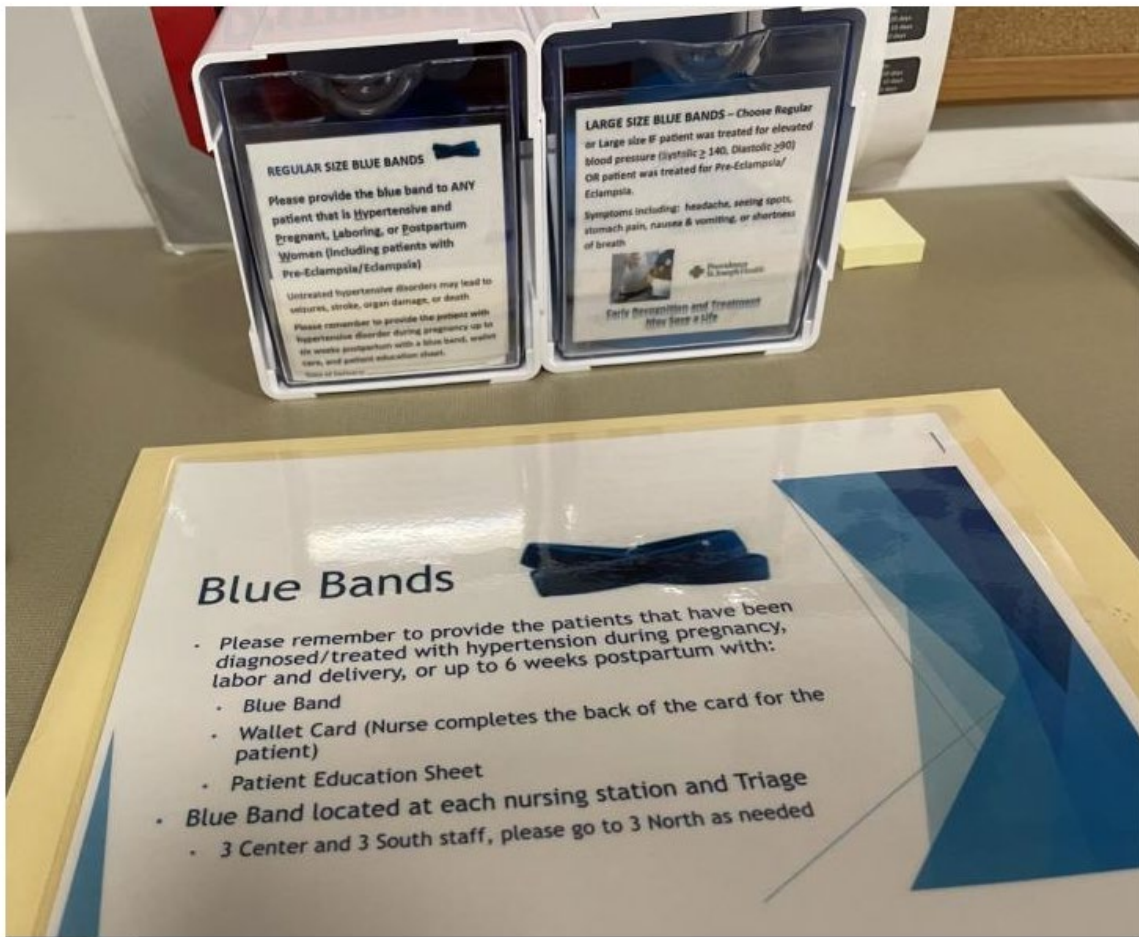
- High blood pressure (Systolic \geq 140, Diastolic \geq 90)
- Stomach pain
- Headache
- Nausea & vomiting
- Seeing Spots
- Shortness of breath

R...(Recommendation) If you care for a patient diagnosed with pre-eclampsia/eclampsia, place a blue band on her left arm. Ask the patient to wear the band until at least 6 weeks after delivery



Thank you for the great care you provide every day!

Skills Day- Blue Band Station



Blue Bands



- Please remember to provide the patients that have been diagnosed/treated with hypertension during pregnancy, labor and delivery, or up to 6 weeks postpartum with:
 - Blue Band
 - Wallet Card (Nurse completes the back of the card for the patient)
 - Patient Education Sheet
- Blue Band located at each nursing station and Triage
 - 3 Center and 3 South staff, please go to 3 North as needed



Blue Bands Can Save Lives

Presented by Becky Weiderstrom RN, CNE & Brenda Moffitt ARNP, CNS

PRMCE History

- ▶ September 2018
 - ▶ Launched by DNP Student & CNS
- ▶ January 2020
 - ▶ Reorganized and relaunched



Relaunch Education



Who Remembers the Blue Bands??

Why are Blue Bands Important?

1. To save a mother's or baby's life
2. For prompt treatment to prevent further complications
3. To help the mother & baby receive prompt treatment

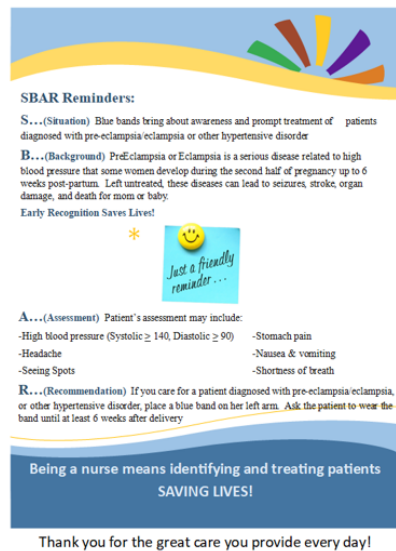
So what can you do...

1. Educate your patient and her family on high blood pressure and preeclampsia/edema
2. Provide your patient a blue band to wear and a wallet card to carry. Encourage patient to wear/carry with her until 6 weeks post-partum to receive timely care at a clinic or emergency department

Who Receives a Band??? A patient ...

- Treated for elevated blood pressure (Systolic \geq 140, Diastolic \geq 90)
- Diagnosed with pre-eclampsia or edema, hypertensive disorder, or gestational hypertension

Your actions may save a life!



SBAR Reminders:

S...(Situation) Blue bands bring about awareness and prompt treatment of patients diagnosed with pre-eclampsia/eclampsia or other hypertensive disorder

B...(Background) PreEclampsia or Eclampsia is a serious disease related to high blood pressure that some women develop during the second half of pregnancy up to 6 weeks post-partum. Left untreated, these diseases can lead to seizures, stroke, organ damage, and death for mom or baby.

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Just a friendly reminder...

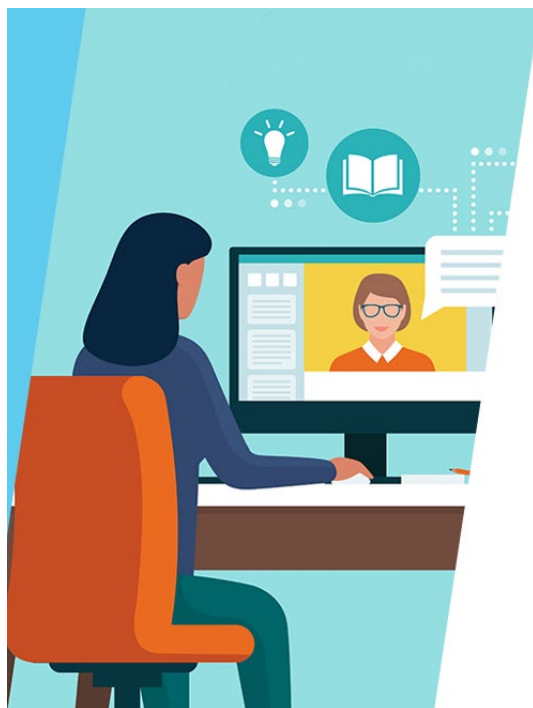
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Being a nurse means identifying and treating patients SAVING LIVES!

Thank you for the great care you provide every day!



Staff Education


- ▶ Staff Education/Re-education
 - ▶ Family Maternity Center (FMC)
 - ▶ Clinical Academy for Emergency Department (ED) & FMC
 - ▶ ED & EMS
 - ▶ Clinics



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Documentation



- ▶ Note in EMR
 - ▶ When provided to patient
 - ▶ After Visit Summary - When patient being dismissed



SmartPhrase

MCBLUEBANDS

For patients that receive a blue band and other resources

MOFFITT, BRENDA L and 4... 3821715

Blue Band provided to patient due to being treated for an elevated blood pressure during a pregnancy or postpartum hospital visit. The patient also received an educational sheet, describing the significance of the band, and a wallet card, to present at any clinic or Emergency Department for prompt treatment. The patient was encouraged to wear the band and carry the wallet card at all times until 6 weeks postpartum. Patient verbalized understanding.

Supplies

- ▶ Container
- ▶ Inserts

REGULAR SIZE

Blue Bands



For Postpartum Pre-Eclampsia



Consider postpartum pre-eclampsia

Is the patient wearing a blue band?

Delivered within the last 6 weeks?

Signs and symptoms of pre-eclampsia?

- High blood pressure
- Headache
- Seeing spots
- Stomach pain
- Nausea & vomiting
- Shortness of breath

Pre-Eclampsia is a serious disease related to high blood pressure that some women develop during the second half of pregnancy or up to 6 weeks after delivery.

Untreated, pre-eclampsia can lead to seizures, stroke, organ damage and death.

Early Recognition and treatment can be lifesaving

At discharge from the Family Maternity Center, postpartum women identified as at-risk for pre-eclampsia will be given a blue band to wear on their wrist for the 6 week postpartum period.

PROVIDENCE REGIONAL MEDICAL CENTER EVERETT
Provision for Women & Children-Family Maternity Center
(425)304-6100 | 900 Pacific Ave Everett, WA 98201



LARGE SIZE

Supplies



- ▶ Manilla Envelopes
 - ▶ Instructions on the Front
 - ▶ Wallet Cards & Patient Education Inside

Wallet Card

Blue Band

I am a pregnant/postpartum woman. During my pregnancy/delivery/postpartum period (up to 6 weeks after birth), I have had issues with hypertensive disorder. I am wearing this blue band to indicate my issues with hypertension. I should be seen immediately.



Blue band ID

Name: _____

Providence Health & Services, Everett, WA

Date of Birth: _____

Date of Delivery: _____

Patient Education

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Patient Education



Why Have I Been Given a Blue Band It Could Save Your Life!

Providence St. Joseph Health's Family Maternity Center has worked with the emergency department and clinics to see that you will be treated quickly if you go there for treatment related to hypertension with pregnancy or postpartum. Please wear your blue band and carry your wallet card with you at all times.



Why Do I Have a Blue Band?

You have been ...

- Treated for elevated blood pressure (Top number ≥ 140 , Bottom number ≥ 90) during your pregnancy or post-partum hospital stay(s)
- Told that you have hypertension/hypertensive disorder, pre-eclampsia or eclampsia
- Encouraged to wear this band and carry the wallet card until 6 weeks postpartum to receive timely care at a clinic or emergency department



Bracelets



Outcomes

- ▶ Postpartum patient having stroke
 - ▶ Quick treatment in ED
 - ▶ Full recovery