

MEWS Scoring Escalation

Score	Actions
0-3	Continue routine monitoring
4-5	Assess & report to the team every 15 minutes Increase monitoring frequency to every 1 hour Notify ICU Charge Nurse and/or Team Leader If score doesn't improve or it increases despite interventions Notify physician Consider ICU/IMU admission Consider ICU/IMU admission
6 or greater	Notify physician to come for bedside assessment Consider ICU/IMU admission Consider OB STAT Response/Alert Response Consider transfer to higher level of care

MEWS Item	0	1	2
Temp (F)	97.0-97.2	97.2-98.0	>98.0
Pulse	50-100	100-160	>160
Resp. Rate	10-20	21-30	>30 or <10
SpO2 (%)	95-100	91-95	<91
Systolic BP	90-130	130-159	>159
Diastolic BP	60-89	60-89	>89
Level of Consciousness (LOC)	Alert	Agitated	Unresponsive
Observation Level	1	2	3
Wave Output (lead II)	1	2	3
Uterine Activity (IU)	1	2	3
Fetal Heart Rate (FHR)	1	2	3
Maternal PC order/Policy	1	2	3

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RESPONSE

Every case of severe hypertension/preeclampsia

- Facility-wide standard protocols with checklists and escalation policies for management and treatment of:
 - Severe hypertension
 - Eclampsia, seizure prophylaxis, and magnesium over-dosage
 - Postpartum presentation of severe hypertension/preeclampsia
- Minimum requirements for protocol:
 - Notification of physician or primary care provider if systolic BP \geq 160 or diastolic BP \geq 110 for two measurements within 15 minutes
 - After the second elevated reading, treatment should be initiated ASAP (preferably within 60 minutes of verification)
 - Includes onset and duration of magnesium sulfate therapy
 - Includes escalation measures for those unresponsive to standard treatment
 - Describes manner and verification of follow-up within 7 to 14 days postpartum
 - Describe postpartum patient education for women with preeclampsia
- Support plan for patients, families, and staff for ICU admissions and serious complications of severe hypertension

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Response

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REPORTING/SYSTEMS LEARNING

Every unit

- Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities
- Multidisciplinary review of all severe hypertension/eclampsia cases admitted to ICU for systems issues
- Monitor outcomes and process metrics

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Reporting

- Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities

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Where are you now?

How are you doing with initiatives to address hypertension in the OB patient?

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OB simulation drill using TeamSTEPPS


- Introduction/ Quiz
- Didactic
- Simulation 2 scenarios: high blood pressure in pregnancy & postpartum
- Video debrief
- Evaluation



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Team STEPPS

- Leadership:**
Roles
- Situation Monitoring:**
Awareness
- Mutual Support:**
Teamwork
- Communication:**
Breaking down Hierarchies





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What is TeamSTEPPS? Leadership Basics

What does a Leader do?

- Establish a plan of care
- Identify roles
- Monitor the plan and adjust as needed
- Model appropriate behavior
- [Leadership Dancing Guy](#)




Assigning Roles

- Primary RN
- Secondary RN
- Charge RN
- Attending Provider
- OB consult (if not attending provider)

Additional personnel


- Administrative Supervisor
- Lab Tech



What is TeamSTEPPS? Situational Awareness

- This is about figuring out what is going on and getting the big picture.
- Emphasis is made on not over focusing on a task that is only one part of the big picture.
- [Monkey Business](#)

Video: Monkey Business Illusion



What is TeamSTEPPS? Mutual Support

- Task assistance
- Ask for help
- Give feedback
- Advocacy and assertion
 - Assertive statement
 - CUS (concerned, uncomfortable, safety issue)
 - [Team Work](#)

Mutual Support and Team work



What is Team STEPPS? Communication

The diagram illustrates a continuous communication cycle. At the top, 'CUS Words' leads to 'SBAR', which includes Situation, Background, Assessment, and Recommendation. This leads to 'Closed Loop Communication & Call Outs', which then leads to 'Briefs, Huddles, Debriefs', which finally loops back to 'CUS Words'.

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Communication plays a role in

79%

of
sentinel events

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SBAR Provides

- A framework for team members to effectively communicate information to one another
- Communicate the following information:
 - **Situation** -What is going on with the patient?
catch their attention !!
 - **Background** - What is the clinical background or context?
minimum needed to solve the problem
 - **Assessment** -What do I think the problem is?
your best knowledge of what's happening
 - **Recommendations** -What would I recommend?
what has been done? what help do you need?

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<https://www.youtube.com/watch?v=7qH-CmJzJIAo>

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CALL OUT:

- Clearly communicate important information to the whole team.
- Example in an emergency situation:
Vital Signs: Blood pressure 180/100
Heart rate 120
Respirations 28
Temperature: 101

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Check Back is:

Use for all critical information exchange

The 'Check Back' loop consists of four steps: 1. Sender initiates message (COMMUNICATION), 2. Receiver accepts message, provides feedback confirmation (CLOSED), 3. Sender verifies message was received (LOOP), and 4. Sender initiates message.

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