

## Hypertension Specific Pre-Transport Checklist



### Patient MUST BE STABLE for Transport

<u>Maternal Stability Criteria</u>	<u>Fetal Stability Criteria</u>
Blood Pressure Stabilized: BP <160 systolic and <110 diastolic	Category I Tracing  OR Category II Tracing with moderate variability, intermittent decelerations, AND not worsening  (Fetus(es) <32 weeks may exhibit FHR tracings displaying CNS immaturity)
Pulse Rate ≤120 and ≥40	
No active seizure activity	
No Active Vaginal Bleeding	
No Acute Psychiatric Episode	
Cervical Dilation ≤5 cm*	<b><i>If fetus unstable, arrange NICU transport and prepare for delivery at your facility</i></b>
<b><i>*Refer to Maternal Fetal Transport Go/No-Go Algorithm for guidance as needed</i></b>	

## Initiate Transport and Prepare Patient



- IV Access Established  
Start Second IV site (if time allows/ do not delay transport if unable to obtain second line)
- Baseline Labs Drawn/Sent (do not delay transport for results)
- Magnesium Infusion Started (if not contraindicated)  
Frequent reassessment while awaiting transport
- Consider Foley Catheter Placement as needed
- Dependent on Gestational Age:  
Consider/Administer steroids for fetal lung maturity as needed
- Prepare Chart for Transport complete with medication administration record