

CASE STUDY - Pregnancy Induced Hypertension

A single 17-year-old patient Gr 1 Pr 0 at 34 weeks gestation comes to the physician's office for her regular prenatal visit. The patient's assessment reveals BP 160/110, DTR's are 3+ with 2 beats clonus, weight gain of 5 pounds, 3+ pitting edema, facial edema, severe headache, blurred vision, and 3+ proteinuria.

Patient's history – single, lives with her parents, attending high school, works at local grocery store in the evenings as a cashier, began prenatal care at 18 weeks, has missed two of her regularly scheduled appointments for prenatal care, never eats breakfast, snacks for lunch and eats dinner after she gets off work at 10:00 pm.

1. What disease process is this patient exhibiting? What in the assessment supports your concern?
SEVERE preeclampsia - elevated BP, increased 3+ protein in urine, Blurred vision, Edema, Headache
2. What in the patient's history places her at risk for Pregnancy-Induced Hypertension?
Develops AFTER 20 wks and has missed last 2 appointments
First pregnancy
3. Describe how Pregnancy-Induced Hypertension affects each organ and how these effects are manifested.
CARDIOVASCULAR - Decreased intravascular volume, Pulmonary Edema, CHF
Pulmonary - Edema, Hypoxemia/Acidemia
Renal - Oliguria, Acute Renal Failure
Hematologic - Hemolysis, Decreased O₂ carrying capacity, coagulation defects
Neurologic - sz, cerebral edema, CVA, Visual Disturbances/Blindness
HEPATIC - Hepatocellular dysfunction, Hepatic rupture, Hypoglycemia
UTEROPLACENTAL - Abruption, Decreased uteroplacental perfusion
4. What will the patient's treatment consist of?
Antepartum management
Bed Rest + Fetal monitoring
Anti hypertensive medications
Anti convulsant medications
5. What is the drug of choice for this condition? What other medication(s) might be ordered for this patient?
Labetalol others - Hydralazine, nifedipine
6. What are the Nursing considerations when administering the drug of choice? (Side effects & medication administration guidelines)
Has less maternal tachycardia and fewer effects
Contraindicated in pts w/ asthma, heart disease, or CHF
Associated w/ hypoglycemia and SGA