



Severe Hypertension Event Debriefing Form

Remember: Debriefing is meant to be a learning experience and a way to address both human factors and systems issues to improve the response for next time. There is no blaming/finger-pointing.

Date of Event: _____

Members of Team Present (check all that apply)

- | | | |
|----------------------------------------|--------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Primary Provider (MD, NP/CNM or PA) | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Nurse Manager | <input type="checkbox"/> Attending Physician | <input type="checkbox"/> Front Desk Staff |
| <input type="checkbox"/> MA or CNA | <input type="checkbox"/> Medical Director or Lead Provider | <input type="checkbox"/> Other: |

Identify what went well: (Check if yes)

- Communication
- Role clarity (leader/supporting roles identified and assigned)
- Teamwork
- Situational awareness
- Decision-making
- Other: _____

Identify opportunities for improvement: “human factors” (Check if yes)

- Communication
- Role clarity (leader/supporting roles identified and assigned)
- Teamwork
- Situational awareness
- Decision-making
- Other: _____

Identify opportunities for improvement: “systems issue” (Check if yes)

- Equipment
- Medication availability
- Inadequate training or awareness of policies
- Delays in transporting patient
- Other: _____

Severe Hypertension Event Debriefing Form

For identified issues above, fill in the following table:

Issue	Actions to Be Taken to Correct	Person Responsible for Follow-Up Action

**Adapted from ACOG District II, Safe Motherhood Initiative, Phelan Obstetric Debriefing Form <http://unmobgyn.pbworks.com/w/file/attach/115267570/Phelan%20-%20Obstetric%20Team%20Debriefing%20Form.pdf>*