



HCHS/SOL Pregnancy Complication Diagnosis Form (PCD)

ID NUMBER:

FORM CODE: PCD
VERSION: A 02/01/2017

Contact Occasion

SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Reviewer ID:

0c. Event ID:

0d. Event Date: / /

1. This record requires a review for: Preeclampsia/Eclampsia Gestational Diabetes
 Both Preeclampsia/Eclampsia and Gestational Diabetes
(If 1, disable items 13-18; If 2, disable items 2-12)

2. Based on the medical record, does this patient meet the criteria for hypertension prior to this pregnancy?
 No Yes Unknown

2a. If yes, which of the following were present? (Answer each question)

2a1. SBP ≥ 140 or DBP ≥ 90 at SOL visit prior to this pregnancy? No Yes NR/Unsure

2a2. Self-report of hypertension at SOL visit prior to this pregnancy? No Yes NR/Unsure

2a3. Documentation of pre-gestational hypertension in prenatal / intrapartum record? No Yes NR/Unsure

3. SBP ≥ 140 or DBP ≥ 90 at prenatal visit < 20 weeks gestation? No Yes NR/Unsure

3a. Treatment with antihypertensive medication at < 20 weeks gestation? No Yes NR/Unsure

4. During pregnancy or intrapartum, were there ≥2 hypertensive blood pressures (SBP ≥ 140 or DBP ≥ 90) at least 4 hours apart? No Yes Unknown

5. Was there evidence of proteinuria?

- 1= ≥ 0.3g / 24h urine
- 2= ≥1+ urine dipstick
- 3= urine protein/creatinine ratio documented as "positive" by local lab criteria
- 4= more than one of the lab criteria of 1-3
- 5= Presence of proteinuria documented in notes, but specific lab test not noted
- 6= Negative test results for proteinuria
- 9= NR/unsure

6. Were any of the following severe features of preeclampsia present?			
	Yes	No	NR/unsure
a. SBP ≥ 160 or DBP ≥ 110 on two occasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a1. Were these values more than 4 hours apart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. SBP ≥ 160 or DBP ≥ 110 on one occasion <u>AND</u> treated with anti-hypertensive medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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c. Elevated liver enzymes, defined as twice normal concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Severe, persistent right upper quadrant or epigastric pain unresponsive to medication and not accounted for by alternative diagnoses (ie: not labor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Thrombocytopenia $\leq 100,000/\text{mm}^3$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Serum creatinine ≥ 1.1 mg/dL, or doubling of serum creatinine in absence of other renal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pulmonary edema by imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. New-onset headaches, seizure or visual disturbances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Was intrapartum magnesium sulfate given?

0 No 1 Yes 9 NR/Unsure

7a. Was seizure prophylaxis a documented indication for magnesium administration?

0 No 1 Yes 9 NR/Unsure

8. Was there a grand mal seizure during pregnancy?

- 1= A grand mal seizure in the absence of any known causes for seizure
- 2= A grand mal seizure in the setting of a brain lesion or diagnosis of epilepsy
- 3= A grand mal seizure without specifics to code as 1 or 2
- 4= No grand mal seizure noted
- 5= Seizure, but unsure if grand mal
- 9= Unsure

9. Gestational hypertension classification:

1 Definite 2 Probable 3 Possible 4 Unlikely 5 Unclassifiable

10. Preeclampsia classification:

1 Definite 2 Probable 3 Possible 4 Unlikely 5 Unclassifiable

11. Preeclampsia with severe features classification:

1 Definite 2 Probable 3 Possible 4 Unlikely 5 Unclassifiable

12. Eclampsia classification:

1 Definite 2 Probable 3 Possible 4 Unlikely 5 Unclassifiable

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13. Based on the medical record, does this patient meet the criteria for pre-gestational diabetes?

0 No 1 Yes 9 Unknown

14. If yes, which of the following were present? (Answer each question)

14a. Fasting glucose \geq 126 mg/dL at SOL visit prior to this pregnancy? 0 No 1 Yes 9 NR/Unsure

14b. 2h glucose \geq 200 mg/dL at SOL visit prior to this pregnancy? 0 No 1 Yes 9 NR/Unsure

14c. HbA1c \geq 6.5 at SOL visit prior to this pregnancy? 0 No 1 Yes 9 NR/Unsure

14d. Documentation of pre-gestational diabetes in prenatal/intrapartum record? 0 No 1 Yes 9 NR/Unsure

14e. Self-report of diabetes on a SOL visit or AFU questionnaire? 0 No 1 Yes 9 NR/Unsure

15. Was glucose intolerance present during this pregnancy?

0 No 1 Yes 9 NR/Unsure

15a. If YES to #15, what evidence was present? (Answer each question)

15a1. 3-hour OGTT

(\geq 2 abnormal values: fasting \geq 95mg/dL; 1h \geq 180mg/dL; 2h \geq 155mg/dL; 3h \geq 140mg /dL)?

0 No 1 Yes 9 NR/Unsure

15a2. 2h 75g OGTT (\geq 1 abnormal value: fasting \geq 92 mg/dL, 1h \geq 180 mg/dL, 2h \geq 153 mg/dL)?

0 No 1 Yes 9

NR/Unsure

15a3. 50g GLT exceeding 200 mg/dL? 0 No 1 Yes 9 NR/Unsure

15a4. Two or more documented fasting glucoses $>$ 125 mg/dL? 0 No 1 Yes 9 NR/Unsure

15a5. Documentation of \geq 2/4 "abnormal" or "elevated" OGTT values, without record of actual results? 0 No 1 Yes 9 NR/Unsure

15b. If No or Unknown to #15, was there abnormal but non-diagnostic glucose intolerance?

0 No 1 Yes 9 NR/Unsure

15b1. Elevated 1-hour GLT \geq 135 mg/dL?

0 No 1 Yes 9 NR/Unsure

15b2. Other evidence of abnormal but non-diagnostic glucose tolerance (fasting \geq 105 mg/dL, 1h pp \geq 140 mg/dL, 2h pp \geq 120 mg/dL)?

0 No 1 Yes 9 NR/Unsure

16. Was there treatment with insulin, glyburide, metformin, or other oral hypoglycemics during pregnancy?

0 No 1 Yes 9 NR/Unsure

17. Was there a GDM diagnosis in the medical record?

0 No 1 Yes 9 NR/Unsure

17a. Did a physician or advanced practice provider mention gestational diabetes in the medical record?

0 No 1 Yes 9 NR/Unsure

18. Gestational Diabetes classification:

1 Definite 2 Probable 3 Possible 4 Unlikely 5 Unclassifiable 6 Pregestational

19. Comments _____