This proposed algorithm is a real world example referred to in the NICE diagnostic guidance adoption support resource for PIGF-based testing to help diagnose suspected pre-eclampsia.

It was not produced, commissioned or sanctioned by NICE.

Proposed Algorithm by Dr Manu Vatish re: INSPIRE RCF

**Management of New Onset BP**

**Stage 1**

- BP <149/99 mmHg
- No admission
- No treatment
- BP & Protein check weekly
- Routine Blood Tests (U&E's LFTs FBC)
- If <34 weeks or high risk for PE test for proteinuria & Measure BP x2/ week
- CTG
- Arrange assessment by USS of fetus if clinically appropriate
- Unless symptoms worsen – patient to contact healthcare professional

**Stage 2**

- BP 150/100 – 159/109mmHg
- No Admission
- Treat Hypertension (aim BP <150/80-100mmHg)
- See at DAU x2 week for BP & Protein
- Bloods (U&E's LFTs FBC, transaminases, bilirubin)
- CTG
- Arrange assessment by USS of fetus if clinically appropriate

**Stage 3**

- BP> 160/110mmHg
- ADMIT
- Antenatal corticosteroids for fetal lung maturation
- Treat Hypertension (aim BP <150/80-100mmHg)
- BP x4jday
- Proteinuria x 1 day
- Bloods (U&E's LFTs FBC, transaminases, bilirubin)
- CTG
- Arrange assessment by USS of fetus if clinically appropriate

**High Ratio**

- Admit for assessment
- Inform Senior Staff

**Low Ratio**

- Continue with Stage 1 care

**High Ratio**

- Admit for assessment
- Inform Senior Staff

**Low Ratio**

- Return to Stage 1 care once HT is stabilized

**High Ratio**

- Inform Senior Staff

**Low Ratio**

- Inform Senior Staff

Consider return to Stage 2 – if BP settles