



Policy: OB Emergent Status

Policy Number: 701-0023

Effective: 12/11/07

Audit Review: 03/04/15

GUIDELINES

FETAL EMERGENCY: Life threatening abruption, prolapsed cord, hemorrhage, acute cord accident, prolonged persistent decelerations less than 60 beats per minute lasting longer than one minute.

POLICY GOAL

To recognize and provide rapid, coordinated response to emergent conditions that pertain to fetal survival, such as prolapsed cord, placental abruption, or persistent fetal decelerations.

Parties that may or will become involved in this process are, but not limited to, OB provider, OB nurse(s), the Lead Nurse, and Staff nurses, OR crew, anesthesia Pediatrician, Respiratory Therapy and possibly outside NICU team.

PROCEDURE

On determination of emergent situation requiring possible surgical intervention for delivery of infant –

- 1) Lead Nurse or designee will call the OR crew, Anesthesia, RT and the Pediatrician on call.
 1. Assists OB nurse in preparing the patient for surgery.
 2. Assists transport of patient to OR as necessary.

- 2) The OB RN(s) will:
 1. Place oxygen on the mother via non-rebreather mask at 10 liters.
 2. Position her on her left side or position optimal for maternal and fetal well-being.
 3. Place Foley catheter.
 4. Establish IV access with # 18 gauges (preferably 2 sites).
 5. Obtain CBC, Type and Cross 2 units (if not done on admit).



6. Assist Physician in getting an Informed Consent signed.
 7. Give Bicitra 30 ml orally, IV Reglan 10mg, 40 IVP Protonix just prior to transfer to OR.
 8. Assure that patient has all undergarments off under her gown, jewelry removed, dentures or partial plates removed. Place surgical cap, boot covers, and SCD stockings on.
 9. Document events of actions on the OB monitor strip and Labor flow sheet.
 10. Transfer to OR on stretcher or may go on an OB bed as necessary. Take fetal monitor to OR with patient or monitor fetal heart tones every 5 minutes by Doppler in OR.
- 3) For night shift emergency (no OR staff present)
1. OB nurse opens "Crash C/S" instruments on instrument table
 2. OB nurse and anesthetist position patient for surgery
 3. OB nurse assures infant radiant warmer and resuscitation supplies are available.
 4. OB nurse performs quick abdominal wash and assists physician with C/S as needed.
- 4) Upon arrival to OR during day shift, when OR staff is available. The patient will be cared for per OR protocol. The OB Nurse stays with the Pediatrician or RT to care for the baby.