

VCMC C-section for PUI/COVID+

General Care Principles for working with COVID+/PUI patients

- **Threshold for c-section for these patients are modified as follows**
 - If Emergency C-section page called for fetal bradycardia PROCEED with c-section
 - Adhere strictly to normal labor curves (active phase arrest, arrest of descent)
 - Triaging threshold based on pt's clinical status and if they are remote vs close to delivery to expedite delivery
 - Conservatively manage Category II tracings to avoid emergency c-section
- **WorkFlow Applies to Other Urgent Obstetric Cases**
 - Postpartum D&C/Retained Placenta
 - Cervical laceration repair
 - Operative vaginal or twin delivery requiring OR
 - Planned Cesarean section
 - D&E procedure
- **Surgical Location**
 - Plan will be to use L&D OR for COVID c-sections.
 - Notify Main OR when L&D OR is in use for COVID patient and to hold OR for labor patient if needed
 - If COVID patient is in labor, preference is to perform other C-sections in main OR and hold L&D OR for COVID patient
- **PPE Preparation**
 - PPE table will be set up outside labor room and outside OR in case of emergency. All providers in (N95, goggles, gown, gloves) EXCEPT hallway transport team who can wear surgical mask. In most cases COVID M.D. and COVID nurse who have been caring for patient in labor will become the transport team. They will transport patient to the door of the OR without doffing PPE as they leave LDR

Workflow Emergency C-section from Labor with COVID+/PUI

- **Personnel Needed**
 - If nighttime, call Back-Up MD (OB/FPOB physician team to decide who operates/who covers floor).
 - Anesthesia MD
 - Scrub Tech
 - Bedside Nurse to OR
 - Resource Nurse to OR
- **Notify**
 - Charge RN to notify: Nursing Supervisor, MAIN OR front desk, anesthesia
 - Remind all teams c-section is for COVID+/PUI

- **Steps of Transfer/Management in Fetal Bradycardia/Maternal Emergency**
 - Bedside nurse attempts resuscitative measures (turn patient, oxygen, d/c oxytocin)
 - If persistent bradycardia, use staff emergency button to call for assistance (note PUI/COVID pt)
 - COVID/PUI Attending MD and LDR Resource nurse enters room in PPE, performs SVE with sterile glove OVER blue glove, low threshold to place FSE
 - RN/Resource team of two providers should gown in PPE (surgical mask, gown, gloves, eye protection) to prepare for patient transport
 - Give terbutaline, IV Fluids, Hands-and-knees or left lateral position
 - Confirms bradycardia and activates emergency page at 3mins
- **CODE EMERGENCY C-SECTION**
 - **Prepare to Transport Patient**
 - Clear Hallway of non-essential personnel
 - LDR COVID nurse and COVID MD become the transport team. They WILL NOT doff PPE as they leave the LDR, but will transport patient to OR in PPE
 - Request Ultrasound to OR if no FSE in place
 - Do NOT plan to clean LDR as will be used for recovery
 - **OR Preparation**
 - All OR team in PPE (N95, eye protection, gown, gloves)
 - Anesthesia to room to prep
 - Scrub tech to room to prep
 - Scrub tech to set up table with gowns and sterile gloves for surgical team and will move table outside of OR entry
 - Attempt to move any recovering PACU patients to new location prn
 - **TRANSPORT PATIENT LDR → OR**
 - LDR Team to confirm OR is ready to receive patient (Anesthesia present, scrub tech ready, OR resource RN in room)
 - Bedside RN and MD will place mask and sterile sheet on patient and transport patient to door of OR in PPE they have been using in the LDR.
 - OR Resource RN and Attending MD receives patient into OR
 - **Move Patient to OR Table/Assess Acuity of Case**
 - FHT acuity confirmed by attending MD.
 - Decision to proceed as crash or as urgent case determined by OB attending and anesthesia.
 - TIME OUT PERFORMED
 - **Surgical team Leaves OR to Scrub In**
 - Attending MD doff PPE in OR.
 - Outside OR, Attending MD, one MD assist don new Respiratory PPE (googles, N95)
 - Attending MD and assist MD scrub and gown and glove themselves outside OR on substerile table
 - OR RN will prep patient

- **If Patient needs Intubation**
 - Only Anesthesia team and OR RN with Novel Respiratory PPE will be present in the OR and will give an “all clear” signal when it is safe for other personnel to enter room
 - All other providers must enter room wearing Airborne PPE (N95) in this situation to adhere to aerosol precautions
 - At end of case, prepare dispo plan with ICU team prior to extubation
 - OR team leaves room except anesthesia and one assist personnel prior to extubation.
 - Patient will recover in OR if intubation was required.
- **End of Case**
 - OR RN will call out to desk to notify of need for PPE assist in transfer
 - Two providers in PPE (surgical mask ok) to transport patient back to LDR for recovery with patient in mask, sterile sheet
 - Bedside RN to receive patient in Isolation LDR in PPE (N95) to recover patient