

## BREATHING

**Recognition:** Acute shortness of breath, increasing respiratory rate and need for oxygen to keep SpO<sub>2</sub> at >95%

**Response:**

- Activate Rapid Response Team (RRT)
- Crash cart to bedside
- Move bed away from headwall
- Frequent vital signs including respiratory rate
- Auscultate breath sounds
- Set up ambu bag and suction
- Start O<sub>2</sub> by non-rebreather face mask
- Plan for ongoing ventilation if intubated
- Continuous SpO<sub>2</sub>



## BLOOD PRESSURE

**Recognition:** Unexplained acute onset hypotension (MAP <65mmHg) or cardiac arrest

**Response:**

DECLINING BLOOD PRESSURE

- Activate Active Rapid Response Team (RRT)
- Frequent vital signs
- Uterine displacement
- Functioning 18 g IV
- IV fluid bolus

CARDIAC ARREST

- Call Obstetric Code Blue (ensure Neo/Peds team is notified)
- Note time of pulselessness and begin chest compressions
- Manual left uterine displacement, remove fetal monitor
- Assemble ambu bag, begin CPR per BLS guidelines
- Crash cart to bedside
- Roll patient to place backboard and apply defibrillator leads
- Analyze rhythm (can use AED)
- Follow AED instructions or ACLS algorithm for identified rhythm
- Prepare for intubation ASAP
- Deliver within five minutes of pulselessness if >20 weeks gestation or fundus at umbilicus



## BLEEDING

(SBP-DBP=PP)

**Recognition:** Pulse pressure <30mmHg or declining blood pressure, maternal tachycardia, bleeding

**Response:**

- Notify physician, anesthesiologist, & charge RN or activate Rapid Response Team (RRT)
- Activate Massive Transfusion Protocol (MTP)

**Order Labs:**

- BNP
- Cardiac enzymes
- CBC
- CMP
- Coagulation panel
- Fibrinogen
- Type and Cross

**Products Given:**

- 6 PRBC
- 6 FFP
- 6 Platelets
- Cryo as needed
- TXA as needed

