BREATHING

Recognition: Acute shortness of breath, increasing respiratory rate and need for oxygen to keep SpO2 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 O2 by non-rebreather face mask
- Plan for ongoing ventilation if intubated
- □ Continuous SpO2



BLOOD PRESSURE

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

Response:

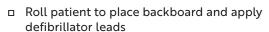
DECLINING BLOOD PRESSURE

- ☐ Activate Active Rapid Response Team (RRT)
- □ Frequent vital signs
- Uterine displacement

CARDIAC ARREST

- Call Obstertic 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

- □ Functioning 18 g IV
- □ IV fluid bolus



- □ 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

SPECIMEN RESEARCH

Before transfusion, draw 5mL in a red and purple top and set aside. Consent is not needed to draw labs. Call the hotline when you are able: 307-END-AFES.



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
- □ СВС
- □ CMP
- □ Coagulation panel
- □ Fibrinogen
- □ Type and Cross

Products Given:

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

