ALS Pregnancy

| GLOBAL MARK | | | | |
|-------------|-----------------|-----------------|------|--|
| CLEAR PASS | BORDERLINE PASS | BORDERLINE FAIL | FAIL | |

Criteria

| Introduces Self, confirms patient identify, Washes hands, PPE 1 Confirms team competencies 1 Explains changes to ALS because patient is pregnant Uterine displacement to the left Immediate intubation Plans for Nysterotomy Plans for NLS Summons MORE help At least another anesthetist A paediatrician An obstetrician More nurses and SHOs Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves Incision from fundus to pubis | Criteria | |
|--|---|------|
| Confirms team competencies Explains changes to ALS because patient is pregnant Uterine displacement to the left Immediate intubation Plans for hysterotomy Plans for NLS Summons MORE help At least another anesthetist A paediatrician An obstetrician More nurses and SHOs Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | Introduces Self, confirms patient identify, Washes hands, | 2, 1 |
| Explains changes to ALS because patient is pregnant Uterine displacement to the left Immediate intubation Plans for hysterotomy Plans for NLS Summons MORE help At least another anesthetist A paediatrician An obstetrician More nurses and SHOs Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | PPE | |
| Uterine displacement to the left Immediate intubation Plans for hysterotomy Plans for NLS Summons MORE help At least another anesthetist A paediatrician An obstetrician More nurses and SHOs Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | Confirms team competencies | 1 |
| Immediate intubation Plans for hysterotomy Plans for NLS Summons MORE help At least another anesthetist A paediatrician An obstetrician More nurses and SHOs Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| Plans for hysterotomy Plans for NLS Summons MORE help At least another anesthetist A paediatrician An obstetrician More nurses and SHOs Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | · | |
| Plans for NLS Summons MORE help At least another anesthetist A paediatrician An obstetrician More nurses and SHOs Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | Immediate intubation | |
| Summons MORE help At least another anesthetist A paediatrician An obstetrician More nurses and SHOs Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| At least another anesthetist A paediatrician An obstetrician More nurses and SHOs Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | Plans for NLS | |
| A paediatrician An obstetrician More nurses and SHOs Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | • | |
| An obstetrician More nurses and SHOs Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | At least another anesthetist | |
| More nurses and SHOs Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | · | |
| Time keeper and scribe Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| Instructs team(s) ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| ALS team Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| Hysterotomy team NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen | | |
| NLS team Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen | | |
| Confirms cardiac arrest Starts CPR 30:2 Ensures airway/ventilation/oxygen | | |
| Starts CPR 30:2 Ensures airway/ventilation/oxygen | | |
| Ensures airway/ventilation/oxygen Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| Immediate intubation Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| Attaches Defibrillator (if not already) Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| Pauses for rhythm check Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| Identifies correct rhythm Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| Treats rhythm appropriately If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| If a shock is required, defibrillates safely (O2 away) Rapidly identifies reversible causes and treats Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| Rapidly identifies reversible causes and treats | | |
| Hypoxia, Hypovolaemia, Hypothermia, Hyperkalaemia Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | | |
| Toxins, Tamponade, Tension, Thrombus Specific maternal factors Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | • • | |
| Specific maternal factors | | |
| Eclampsia, Amniotic fluid embolus, Uterine/placental haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | Toxins, Tamponade, Tension, Thrombus | |
| haemorrhage Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | Specific maternal factors | |
| Appropriate 2 min rhythm check Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | Eclampsia, Amniotic fluid embolus, Uterine/placental | |
| Is anxious to minimize interruptions to CPR Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | haemorrhage | |
| Considers/uses ECHO in life support Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | Appropriate 2 min rhythm check | |
| Gives adrenaline appropriately every 3-5 minutes Tasks someone with hysterotomy or performs it themselves | Is anxious to minimize interruptions to CPR | |
| Tasks someone with hysterotomy or performs it themselves | Considers/uses ECHO in life support | |
| · · · · · | Gives adrenaline appropriately every 3-5 minutes | |
| Incision from fundus to pubis | Tasks someone with hysterotomy or performs it themselves | |
| | Incision from fundus to pubis | |

| Retractors or assistant | |
|--|---|
| Scissors into peritoneum | 1 |
| Small cut into lower uterus with scalpel | l |
| Extend with scissors (if placenta in way cut through it) | l |
| Find the head and deliver it | l |
| Assistant to apply fundal pressure to deliver body | l |
| Clamp and cut cord immediately | 1 |
| Baby to NLS team | l |
| Scoops out placenta while applying cord traction | l |
| Asks for syntocinon 10 IU IV | l |
| Packs wound | L |
| Good team leadership | |
| Appropriate post resus care, or decision to stop | |
| Keen to debrief team | |
| TOTAL | |

Tom Bircher 2019