

## ALS Pregnancy

GLOBAL MARK			
CLEAR PASS	BORDERLINE PASS	BORDERLINE FAIL	FAIL

### Criteria

Introduces Self, confirms patient identify, Washes hands, PPE	2, 1
Confirms team competencies	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 Incision from fundus to pubis	

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

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