

Obstetric Criteria for Escalation of Care – L&D			
Maternal Fetal Category	Maternal Status	Fetal Status	Action
A	Stable VS Normal labor progress	EFM Category I	Routine care
B	Any nursing concern about patient status Includes, but not limited to: Respiratory status change Hypotension Suspected sepsis Persistent tachysystole Chest pain Mental status change Abnormal AP/IP bleeding Patient or family concern about patient status	EFM Category II for > 60 minutes EFM Category III	Call Safety Huddle at bedside (PIC 312 “Come Now: Safety Huddle Room XXXX”) *OB residents *Charge nurses *OB Attending *OB Anesthesia ANY TEAM MEMBER MAY ACTIVATE HUDDLE
C	Eclampsia Shoulder Dystocia Suspected Uterine Rupture Loss of Consciousness Massive Hemorrhage	Cord prolapse Bradycardia	Call 4-2012 Activate “Obstetric Response Team” Vocera: “Dial ext 4-2-0-1-2”

Safety Huddle Communication:

Situation:

Background:

Assessment:

Recommendation:

Personnel present at huddle / assigned responsibility

Potential Actions / HELP CHAIN:

- ☐ Increase nursing ratio at bedside
- ☐ Increase frequency of MD bedside checks
- ☐ Activate MET Team (4-2012)
- ☐ Page Respiratory Therapy (PIC 1706)
- ☐ Activate Perinatal Code (4-2012)
- ☐ Activate Blood Alert (4-2012)
- ☐ Contact MFM on call (PIC 1601)
- ☐ Medical or other consult
- ☐ Alert Main OR of possible need for urgent room (2-0655)
- ☐ Alert Interventional Radiology of possible need for procedure (PIC 1844)
- ☐ Alert Gyn Oncology (PIC 9149)
- ☐ Alert NICU / Newborn
- ☐ Notify OB Nurse manager on call
- ☐ Call Medical director (434-227-0532)