

# Maine Medical

## PARTNERS

### Women's Health

*A department of Maine Medical Center*

#### Emergency C-Section Protocol

1. Obstetrician to page 662-4800 0663 when decision is made for emergency C/S
  - a. Communication is to be between attending obstetrician and attending anesthesiologist *if possible*
  - b. NICU 662-0084
  - c. Charge nurse 662-0056
    1. Surgical tech 662-0057
2. Information conveyed should include
  - a. Degree of emergency (need to start in 2 minutes vs. 15 minutes)
  - b. Brief OB synopsis (i.e. 28 wk GA with bleeding previa)
  - c. Medical history (i.e. asthma, etc)
3. Upon receiving notification of emergency C/S, anesthesiologist should send an available person to assess the patient and prepare the OR
4. Staff in OR should be kept to a minimum to lessen confusion
  - a. Anesthesia team
  - b. Obstetric team
  - c. Scrub tech or nurse
  - d. Circulating nurses—maximum of 2
  - e. Neonatology team
5. Communication between all staff in OR should remain clear, direct and respectful at all times
6. Antibiotics if possible prior to incision; if not, by the time of cord clamp.
7. Cesarean section SSI bundle to be followed to the degree possible.
8. When in room, OB attending should indicate
  - a. Whether spinal or general
  - b. Whether Foley should be placed
  - c. Whether vaginal prep at all
  - d. Whether abdominal prep should be betadine only or choraprep
9. There is an extension cord in the corner where stirrups and roll-board are kept for use with L&D electronic beds.
10. Careful documentation
  - a. Indications
  - b. Procedures