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