

CQI Alerts

Observations of the UWMC Continuous Quality Improvement Project

January
2008

UWMC Anesthesia Service



OB Bleeding Emergencies

Declare an OB Bleeding Emergency to an RN. The RN will call the UWMC Transfusion Support Service (TSS) and Puget Sound Blood Center (PSBC) and request emergency blood products.

- TSS will supply 2 units of Stock O negative uncrossmatched RBC, thaw 4 units stock AB FFP and thaw 6 units (1 pool) stock cryoprecipitate.
- PSBC will send 4 RBC units "release emergency uncrossmatched" (type specific), 1 apheresis platelet or 1 pooled platelet (6 units), 1 pool (6 units) of cryoprecipitate, and 6 units FFP.

Send a blood gas panel and stat hemostasis panel immediately & every 30 minutes until patient stabilized.

Refer to the TRANSFUSION ALGORITHM in the OB Bleeding Emergency Protocol.



Final verification of OB epidural placement

For the final verification (time out) of the OB epidural placement, a member of the anesthesia care team must be present.

For billing compliance, the attending must be present for induction, emergence, and critical incidents.



No midazolam pre-delivery

Do not administer midazolam during labor or delivery. Midazolam is transferred transplacentally. Benzodiazepines given in the last weeks of pregnancy have resulted in neonatal CNS depression.



Wait for the obstetrician before inducing GA

For Cesarean sections, do not induce general anesthesia until the patient is prepped, draped and the obstetrician is ready to make the incision.

This is intended to minimize the infant's exposure to general anesthetic agents.



Obstetrics patients are at higher risk of aspiration

Obstetric patients are considered to be an aspiration risk after 18 weeks gestation (or before if symptomatic GERD) and until 48 hours postpartum.

If these patients require a general anesthetic in this time period, a rapid sequence induction should be performed and a secure airway established.

No MAC for uterine relaxation

If uterine relaxation is required either during a vaginal delivery or for a D&C postpartum, consider the use of sublingual nitroglycerin spray (at the front of the top draw in the OR/OB anesthesia cart) or inhaled albuterol. **Do NOT administer MAC in these situations.**

GA for herpes and Cesarean section

If a C-section is required for a patient with a primary herpes simplex outbreak, a GA rather than a regional block is recommended due to possible HSV meningitis if the CSF is contaminated with an inadvertent bloody tap.