

Admission Guidelines

Accessing Critical Care Services for Obstetrical Patients

- Obstetrical patients requiring critical care services will be admitted as per the “life or limb” policy as a priority program to CCTC. Admission to UH ICU will be determined on a case-by-case basis if the patient required cardiovascular or neuro surgery.
- To consult the Critical Care Trauma Centre (CCTC) regarding the admission of an obstetrical patient to CCTC, page the On-Call Consultant for CCTC through switchboard. This should be done by the Obstetrician or Obstetrical Anaesthetist.
- If you are concerned about an obstetrical patients status and would like the patient assessed by the critical care team, any member of the team can page the Critical Care Response Team (CCOT) by dialing 33333.
- If an obstetrical patient requires critical care support or monitoring, the patient will be “admitted” to CCTC. The CCTC nurse will care for the patient in either the CCTC or the OBCU (if in active labour), depending on the patient’s needs. A bed in CCTC will be reserved if the patient is in the OBCU, to ensure availability of a CCTC nurse and a CCTC bed post birth.
- Obstetrical patients requiring critical care support will be admitted under the obstetrician as the Most Responsible Physician (MRP). Management will be a shared responsibility. Obstetrics will be responsible for the perinatal care orders. Cardiorespiratory support will be provided by the critical care team in consultation with obstetrics and obstetrical-anaesthesia.
- CCTC nurses who are assigned to a patient in the OBCU may provide the assessment, monitoring and medication administration they are approved to provide in CCTC.
- All obstetrical monitoring will be performed by the OBCU nurse (in CCTC or OBCU).
- CCTC nurses and RRTs may take orders regarding cardiorespiratory support from the OB Anaesthetist. They may also carry out non-obstetrical orders from the Obstetrician.
- Obstetrical care will be provided by the OBCU nurse.
- Patients requiring cardiac monitoring or critical care who are not in labour will be cared for in the CCTC, following the previously developed Guidelines for the Care of the Pregnant Patient in CCTC.
- Pregnant patients < 18 years of age who are in need of critical care/critical care monitoring, will be admitted to CCTC, with consultation to PCCU.

Obstetrical Patients Requiring Arterial Line Monitoring Only

- Obstetrical patients requiring arterial line monitoring for hypertension only (without additional cardiac risk factors or other complications) will be cared for in the OBCU.
- Arterial line monitoring will remain the responsibility of OB Anaesthesia until the feasibility and training needs of OBCU nurses can be addressed (after January 2012).
- Just-in-time education will be provided on a case-by-case basis and whenever possible, by CCOT, OBCU RRT or CCTC. Education will be limited to catheter/site monitoring (a nurse, RRT or anaesthetist must be in the room with a patient at all times) and emergency response for dislodged catheters or disconnected circuits.
- Blood sampling will only be performed by CCOT, OBCU RRT or OB Anaesthesia.
- Drug titration/administration will be the responsibility of OB Anaesthesia.

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