

Q Shift Checklist for Care of Pregnant Patient in CCTC

Action	✓
1. Cohort pregnant patients in same bay and maintain an empty ADJACENT bedside for neonatal equipment and resuscitation. Remove adult bed and minimize access to neonatal resuscitation room.	
2. Avoid adjacent placement or doubling with ARO + patients	
3. Maintain Uterine Displacement Position (tilt to left, wedge under right hip). Place on Kardex.	
4. Confirm that blood transfusion lab has a current sample. <ul style="list-style-type: none"> <input type="checkbox"/> Review Massive Transfusion Pathway (Blood Transfusion Protocol) and recall importance of early fibrinogen evaluation with obstetrical bleeds 	
5. Review the emergency response for a pregnant patient (CCTC Website: Protocols). Review indications, ACLS modifications and team expectations with PCCU/NICU/OBCU and CCTC team members each shift.	
6. Review maternal and neonatal emergency supplies and plan of care Q shift with PCCU/NICU/OBCU responders: Hand hygiene before entering Neonatal Resuscitation room. Keep equipment covered and door closed between checks. Review equipment and environment with NICU and PCCU staff each shift. <ul style="list-style-type: none"> <input type="checkbox"/> Neonatal resuscitation bag (Kangaroo Bag) <input type="checkbox"/> Infant warming table (on at 36 degrees) <input type="checkbox"/> Suction connected and with small suction catheters and paediatric suction <input type="checkbox"/> Neonatal gas supply/blender connected (NICU RRT) <input type="checkbox"/> Adult bed removed Maternal resuscitation equipment (keep in neonatal resuscitation room): <ul style="list-style-type: none"> <input type="checkbox"/> Vaginal delivery tray <input type="checkbox"/> C-section tray <input type="checkbox"/> C-section disposable pack <input type="checkbox"/> 2-3 packages of 260 Vicryl sutures <input type="checkbox"/> ECG, pressure modules/cables, suction, oxygen, resuscitation bag-mask if not already in use <input type="checkbox"/> IV access above the abdomen 	
7. Review infant warmer with NICU or PCCU team (how to turn on in manual mode in the event of an imminent birth).	
8. Identify “patient X weeks X days pregnant” when ordering medications or diagnostic tests	
9. Ensure in-date sample in blood transfusion lab. For Rh Negative mother, review immunoglobulin standards.	
10. High dose magnesium sulphate and oxytocin bags in fridge.	
11. Obtain nursing documentation record for Pregnant Patient in CCTC from file drawer or CCTC website.	