

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 requires 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 the status of an obstetrical patient and would like the patient assessed by the critical care team, any member of the perinatal team can page the Critical Care Response Team (CCOT) by dialing 333333.
- If an obstetrical patient requires continuous critical care support or cardiac 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.
- The obstetrical team 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 and RRTs may accept orders for vasoactive drugs or ventilator support while in the OBCU from the Obstetrical-Anaesthetist or the Critical Care Trauma Centre physicians.
- CCTC nurses who are assigned to a patient in the OBCU may provide the assessment, monitoring and medication administration consistent with their approved skills in CCTC.
- All obstetrical monitoring will be performed by the OBCU nurse (in CCTC or OBCU).
- They may also carry out non cardiorespiratory support orders written by the Obstetrical physicians.
- Pregnant patients requiring cardiac monitoring or critical care services 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 Anaesthetist 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. If the patient is going to require continuous infusion and cardiac monitoring, consultation to CCTC is required.

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