

Q Shift Checklist for Care of Pregnant Patient in CCTC

Action	✓
1. Cohort pregnant patients in same bay and try to maintain an empty ADJACENT bedside for emergency equipment	
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).	
6. Confirm availability of emergency supplies: Neonatal Resuscitation: keep equipment covered and in dedicated room adjacent to mother and review with PCCU staff if questions or concerns. <ul style="list-style-type: none"> <input type="checkbox"/> Sealed infant resuscitation box (supplies listed on exterior) <input type="checkbox"/> Infant drug box <input type="checkbox"/> Infant warming table <input type="checkbox"/> Suction connected <input type="checkbox"/> Neonatal gas supply/blender connected (PCCU RRT) <input type="checkbox"/> Remove or push adult bed to edge of room to keep area around infant warmer accessible to neonatal resuscitation team. Maternal resuscitation: <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 and cables, suction, oxygen and resuscitation bag-mask <input type="checkbox"/> IV access 	
7. Review steps for turning on infant warmer (CCTC Website: Protocols)	
8. Identify “patient X weeks pregnant” when ordering medications or diagnostic tests	