Checklist for Admission of a Pregnant Patient to CCTC

Action	Location	✓
1. Cohort pregnant patients in same bay and maintain an empty ADJACENT bedside for neonatal resuscitation (remove adult bed from neonatal resuscitation room).	CCTC	
2. Avoid adjacent placement or doubling with ARO + patients	CCTC	
3. Maintain Uterine Displacement Position (tilt to left, wedge under right hip). Place on positioning instructions on Kardex.	CCTC	
4. Ensure Unit Clerk aware that a pregnant patient is admitted		
5. Consult Maternal Fetal Medicine (MFM). May be covered by on-call obstetrical consultant for obstetrical orders and determination of gestational age. (OB Consultant to CCTC Consultant communication should occur)	MFM pager 10493 or call Switchboard	
6. Notify Charge Nurse in Obstetrical Care Unit (OBCU)	CN Direct 74680 Extension 58168	
7. If patient is followed by Cardiology, notify on-call Cardiologist of admission.	Switchboard	
8. Consult OBSTETRICAL Anesthesia consultant	Switchboard	
9. Have order written that "patient is X weeks and X days pregnant" (revise this daily and based on OB direction).	CCTC	
10. Order Group and Cross and obtain consent for blood transfusion. If patient is Rh Negative, review expectations regarding Rh Immune Globulin with obstetrical team.	CCTC	
11. Include "patient is pregnant" on all radiology and investigational test requisitions.	CCTC	
12. Obtain Vaginal Delivery Tray for ***all patients*** (keep at bedside; return to OBCU at discharge)	From OBCU Extension 58168	
13. Page CCTC CNS. CCTC CNS/CN to organize stakeholder meeting during initial 12-24 hours, to determine plans for immediate care needs. Meeting may be by TCom during night or weekend hours.	Pager 19914	
If ≥ 23 weeks gestation (discuss with OB): Obtain emergency neonatal and obstetrical equipment upon admission. This can be arranged prior to arrival of patient.		
14. Notify Neonatologist on call for determination of viability.	Switchboard	
15. Notify Charge Nurse in Neonatal ICU (NICU) and request neonatal resuscitation equipment. NICU will provide all equipment and perform Q shift assessment. NICU will bring infant warming table and emergency neonatal resuscitation equipment (in Kangaroo Bag). The Kangaroo bag contents are listed on RRT website.	Extension 74631	
16. Notify Charge Nurse in PCCU or PCCOT (in the event of a CODE OB, PCCU is part of the emergency response team and provides initial neonatal resuscitation until NICU arrives).	PCCU 52824; PCCOT 5555	
17. Obtain C-Section Delivery Tray, Disposable Pack and 2-3 260 Vicryl sutures (keep at bedside; return to OBCU at discharge)	From OBCU Extension 58168	
18. Maintain dedicated neonatal resuscitation room adjacent to mother's room. Maintain room temperature 25-26C and infant warmer at ~36 degrees. Remove adult bed from bed and ensure adequate supply of hand hygiene product and non-sterile gowns. Maternal birth trays can be kept in this room. Doors should be kept closed with traffic to room minimal.		
19. Ensure neonatal suction and gas supply is set up by NICU RRT. Leave suction on at 60-80 mmHg with neonatal suction catheters. Review Q shift with NICU/PCCU teams.	From PCCU RRT	
20. Review setup of warming table and emergency supplies each shift with NICU team (and PCCU). This familiarizes their team with CCTC environment.	CCTC Website	
21. Review Emergency Response for Obstetrical Patient (from CCTC website) each shift with colleagues in Bay, including purpose/process of Code OB and ACLS modifications.	CCTC Website	
22. Contact pharmacy for emergency bags of oxytocin and high dose magnesium sulphate (keep in fridge)	Off hours, kept in fridge in OBCU	
23. Obtain nursing documentation record for Pregnant Patient in CCTC from file drawer or CCTC website.		

Last Updated: March 10, 2020