I. Purpose:

To provide guidelines for obtaining prompt medical assistance when an obstetric emergency arises.

II. Policy:

The Obstetric Emergency Team (OBET) is a multidisciplinary team which responds to obstetric emergencies throughout the Medical Center. This policy outlines the team formation, protocol, and documentation guidelines for the OB Emergency Team.
III. Specific Information:

A. Team Formation

1. The OBET will be comprised of the following team members:

   a. Labor and Delivery (L&D) Charge Nurse or designee
   b. L&D Resource Nurse or designee
   c. Labor and Delivery surgical tech(s)
   d. OB MD attending or designee
   e. OB CNM attending or designee (when scheduled)
   f. Maternal-Fetal medicine attending
   g. OB Chief resident
   h. OB third year resident
   i. OB second year resident
   j. OB intern
   k. OB Anesthesia Attending
   l. OB Anesthesia Senior resident
   m. OB Anesthesia Junior resident or CRNA/SRNA
   n. NICU Code Team

B. OB Emergency Team Activation:

1. To activate the OB Emergency Team VUMC staff should dial 1-1111 from any hospital telephone

   a. The call will be routed to a LifeFlight dispatcher
   b. The caller should state “I need the OB Emergency Team” and be prepared to give the building location, floor, room number, your name and call back number.
   c. LifeFlight dispatcher will activate the OBET by sending a verbal notification (using the “walkie-talkie” feature) and text page to the OBET cell phones
   d. In the event that the cell/phone pager system is down, there will be an overhead announcement made by the LifeFlight dispatcher to activate the OBET

2. Indications for activating the OB Emergency Team:

   a. Prolonged fetal heart rate deceleration or absence of fetal heart tones
   b. Shoulder dystocia
c. Post partum Hemorrhage  
d. Emergency cesarean section  
e. Cord prolapse  
f. Delivery off of the labor and delivery unit  
g. Maternal seizure  
h. Any other obstetric emergency in which the caller feels that emergency obstetric care is indicated

3. The OB Emergency Team will respond to obstetric emergencies in the following locations:

a. Labor and Delivery (4 North VUH)  
b. 4 South VUH  
c. 4 East (4th floor Medical Center East)  
d. Maternal Special Care Unit (4th floor Medical Center East)  
e. Adult Emergency Department  
f. Pediatric Emergency Department  
g. Other patient units at VUMC with obstetric patients

4. The OB Emergency Team does not replace the Rapid Response Team (RRT) or code team for non-obstetrical emergencies. For non-obstetrical emergencies, staff and visitors should continue to activate the RRT. Refer to policy Rapid Response Team Activation.

C. Team member responsibilities:

1. Members of the OBET carry the OBET cell phones and/or pagers at all times while they are on duty.
   a. Staff carrying OBET cell phones ensure that the speaker is turned on and the volume is turned all the way up.  
   b. OBET team members must pass the OBET phone/pager on to the oncoming shift during patient handover. In the event that there is not a relief team member scheduled, the OBET cell phone should be placed on the charger.  
   c. OBET cell phone batteries should be switched out every shift. The battery removed from the phone should be placed on the charger.

2. When an OBET activation call goes out, the L&D Charge Nurse will respond to LifeFlight to let the dispatcher know that the OBET activation call was received. It is not necessary for other OBET
team members to notify the dispatcher that they received the activation call.

3. There are specific responsibilities for each member of the OB Emergency Team. For Nursing staff the primary responsibilities are as follows:

a. L&D Charge Nurse
   i. Facilitates communication regarding the OB emergency.
   ii. Dispatches appropriate OBET members to off-unit emergencies.
   iii. In the event that there is no resource nurse, the labor and delivery charge nurse will appoint another labor and delivery RN to act as the resource nurse for the OBET and carry the OBET cell phone.
   iv. Coordinates patient transfer (when indicated).

b. L&D Resource Nurse
   i. Designated recorder- the primary role of the L&D resource nurse or designee during the event is to record and document.
   ii. See documentation guidelines below.

c. Primary RN (the nurse who has already been caring for the patient)
   i. Continue with patient care.
   ii. Assist the provider as directed.
   iii. Administer medications as ordered.

d. L&D Surgical Tech(s)
   i. If two surgical techs are working on labor and delivery, both surgical techs respond as members of the OBET, unless one of them is scrubbed in for an OR case.
   ii. Surgical tech(s) assist as directed by the provider and the charge nurse.

e. 3rd/4th Yr. Resident (most senior PGY)/Attending
   i. Functions as the team leader and leads the code response.
   ii. Positions themselves near the head of the bed.
iii. Dismisses OBET members from an event when it is determined they are no longer needed.

D. Documentation

1. Patient/Family education is documented under the education tab in the electronic medical record.
2. The labor and delivery resource nurse or designee acts as the designated recorder of the event.
   a. Assessments and interventions are documented on the Obstetric Emergency Team Event Record.
   b. Following the event, the OBET event record is scanned into the patient’s medical record.
3. Physician orders are entered into Horizon Expert Orders (HEO), formerly Wiz, immediately following the OBET event.

IV. References:


OB Emergency Team Event Record. Retrieved via eDocs on June 30, 2010 from: Obstetric Emergency Team Event Record
MC 0702 Obstetric Emergency Team Event Record

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