I. **Purpose:**

To ensure the safe management of emergent Caesarean Section (C/S) patients in the event that both Labor and Delivery Operating Rooms (L&D OR’s) are in use.
II. Procedure:

To provide an additional location for the performance of Level 1 Emergency C/S procedures based upon availability of operating rooms and case level status.

III. Responsibility:

A. Emergency obstetrical procedures will be performed preferentially in 4South L&D Operating Rooms when possible. The Obstetrical (OB) Attending in conjunction with the OB provider (Midwife) will determine if another operating room needs to be identified elsewhere. Decision making and action planning will follow as listed in the chart below.

<table>
<thead>
<tr>
<th>Level 1 Emergency (OB-Critical)</th>
<th>Condition so critical that death of the unborn baby or the mother is highly likely. Case must go immediately into first available room, the goal will be to have the patient in the operating room within 10 minutes. The procedure will be performed in the following locations in descending order of priority based on room availability:</th>
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<tbody>
<tr>
<td></td>
<td>1. 4South L&amp;D Operating Rooms 1 or 2</td>
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<td></td>
<td>2. 4 South Gynecology Operating Rooms</td>
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<tr>
<td></td>
<td>3. VOR “Trauma” room or any other open VOR OR</td>
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<td>4. Medical Center East open OR</td>
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<td>5. 4 North L&amp;D in the appropriate designated area (or in other Critical Care areas in unstable circumstances).</td>
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</table>

B. If a scheduled case is delayed, the OB Attending or OB Provider will inform the affected surgeon and indicate what adjustments will be made to minimize the impact on the affected case and the location of where that case will be placed.

C. Only after the OB Attending or OB provider has determined the necessity and location of identifying an OR for a STAT C/S by the process outlined above, will the Labor and Delivery Charge Nurse call the VOR Board Charge (22090) for the location of the available OR room to be utilized.

D. The VOR Board Charge will identify the OR immediately available to accommodate the Emergent C/S, starting in this order 4 South, VOR, and MCE,
and relay that information to the Labor and Delivery Charge Nurse. The VOR Board Charge Nurse will notify the VOR AIC.

E. Neonatal Intensive Care Unit (NICU) personnel are notified of the location of all C/S prior to patient movement by the Labor and Delivery (L & D) Charge Nurse. The NICU is responsible for moving Neonatal Equipment.

F. Neonatal Resuscitation equipment shall be stored adjacent to the O.R suite in order to be immediately available for use in the GYN OR's. (The NICU resuscitation equipment is stored outside OR#29 in the VOR core). Neonatal Resuscitation equipment will be brought to the VOR/4 South/MCE when C-Sections are done there by the staff on Labor and Delivery/NICU.

G. If the emergent C/S cannot be accommodated in the designated operating rooms (4S, VOR, MCE in that order) and/or movement of the patient to multiple areas is considered detrimental to potential outcome for patient/baby; the procedure may be done in an appropriate area on 4 North/Labor and Delivery.

H. The appropriateness of Level 1 designations will be reviewed per Perioperative Policy, Scheduling of Surgical Cases AS201170-200.14.

IV. References


V. Attachments:

None

VI. Submitted By:

VII. Approval: