

Applies To: Responsible Department: Revised:
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Title: Pre-operative procedures for L&D – pre-op conference for C/S	Policy
Patient Age Group: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> All Ages <input type="checkbox"/> Newborns <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult	

POLICY STATEMENT

All scheduled obstetric cases on L&D will be discussed weekly in a multidisciplinary pre-op conference

PURPOSE:

As the complexity of our obstetric patients increase, the coordination of multiple services including nursing, obstetric providers including MFM, anesthesiology, and in uncommon situations even pediatrics, gynecologic oncology, urology and general surgery becomes critical for patient care and safety. Although most coordination should occur in the antepartum period, it is important to communicate plans to the team that will provide inpatient operative care. The following process is to allow the communication of the plan to all involved parties.

APPLICABILITY:

All scheduled obstetric cases to be performed on L&D: these are mostly cesarean sections; other cases are not routinely scheduled in advance (cerclage, tubal)

PROCEDURES

1. On a weekly schedule, representatives from Obstetrics, MCH, Anesthesiology, and nursing will meet to review all of the scheduled cases for the next two to three weeks. (Currently this is at 7:45 AM on Tuesday mornings and is the responsibility of the OB HO 2 to convene). An MFM representative should be present if an MFM surgery is planned within the following 2 weeks.
2. To facilitate the discussion the Ob HO2 will maintain a spreadsheet of all the scheduled cases, including MCH cases (information provided by the MCH fellow) that will include as a minimum the following information
 - a. Service and Attending - notation if private attending coming in for case, particular timing considerations,
 - b. EGA – if less than 39 wks or is a primary c-section the reason for the plan will be outlined
 - c. Prior surgeries
 - d. Placental location and ultrasound review in the case of an anterior placenta and prior C/S
 - e. Surgery planned (c/s with PPTL or immediate IUD), cerclage
 - f. Need for T&S or T&C
 - g. Rh negative or antibody positive status – since this can delay blood availability
 - h. Health Issues that impact management or present complications : BMI, anemia, JW, risk of hemorrhage or medical co-morbidities
3. The OB resident will arrange any follow up or obtain information requested by the team. The spreadsheet is updated and relevant providers are communicated with. The spreadsheet should be sent specifically to the attendings who will be covering the procedures. Please mark the subject line with ***secure*** since PHI is being emailed.

4. Once the pre-operative conference has reviewed a patient's case, the Ob resident or MCH fellow will
 - a. Write admit orders that the nurse will initiate on arrival to L&D.
 - b. Complete the pre-operative communicate form instructing the clerk/nurse who is calling the patient the night prior to the scheduled surgery as to time to arrive and any other specific unique instructions. To improve clarity, non-relevant lines will be erased rather than simply checking the pertinent lines.
5. The Charge nurse attending the pre-operative meeting is responsible for communicating to the other charge nurses any unique situations or orders to facilitate implementation of plan (i.e hospice care for an infant with lethal anomalies)
6. The day of surgery night team is to communicate with nursing when patient arrives to assure IV is placed and labs are sent.

Example of pre-op list:

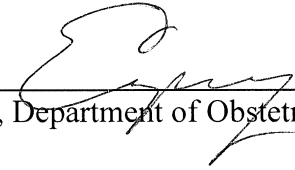
Pre-op list for scheduled surgery OB/MFM/MCH <date>

Date & Surgeon	Patient Info	Procedure & Dating	History & Indication	ABO, PMH, PPBCM, Notes	Placenta	BMI/Hct	Note/Ord
6/26/14 0600 Yonke	<name> <MR#> 25yo G6P3 EDD 7/3/14 by 15wus	ERCS at 38.6wga	Repeat – NRFS with G1 and G2, G3 ERCS	Unknown PMH: Graves (on Methimazole), asthma, anxiety PPMBC: desires BTL, never signed Fed consent, planning postplacental IUD All: PCN –anaphylaxis	Anterior, no previa	36/36	- Meeting 6/25 - to lab for on 6/25 - order cli order set - consent options - type anc

APPROVAL

Prepared by: Sharon Phelan, MD

Approved by: _____

Approval:  _____
Chair, Department of Obstetrics & Gynecology

2/5/15
Date

SOP # / Version #	Effective Date	Supersedes	Review Date	Summary of Change(s)

Title:
Owner:
Effective Date:
Doc. #