

<https://youtu.be/yR0IWICH3rY>

 TEAMSTEPS INTRODUCTION 31

Brief Huddle Debrief

- **Brief:** Short session prior to start to share the plan
- **Huddle:** Re-establish situational awareness, assess need to adjust the plan
- **Debrief:** Review Team’s Performance, improve through lessons learned and reinforcement of positive behaviors



I am **C**oncerned!

I am **U**ncomfortable!

This is a **S**afety issue!

“Stop the line!”

 TeamSTEPS Introduction 33

Communication and Teamwork

<https://www.youtube.com/watch?v=hW7LGxCLauo>



Tips to Make Your Simulation Drills More Effective

- Interdisciplinary team to plan & lead drills
- MD/RN dyad to lead didactic session
- Drill sign-up limited to the actual team
- Everyone must participate in some way- no observers
- Include all roles and additional departments
- Make it as realistic as possible in the actual setting

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Hypertension in Pregnancy – 4 Types

- **Chronic hypertension**
 - BP ≥ 140/90 mmHg predating conception, up to < 20 weeks EGA
- **Gestational Hypertension**
 - Mild ≥ 140/90 without proteinuria (after 20 weeks)
 - Severe ≥ 160/110
- **Preeclampsia/Eclampsia**
 - BP ≥ 140/90 on 2 occasions ≥ 4 h apart, > 20 weeks EGA, in previously normotensive pt, AND
 - Proteinuria ≥ 300 mg/24 hour urine, or urinary Prot/Cr ratio > 0.3
 - or-
 - Severe features: thrombocytopenia < 100,000, Cr > 1.1 Elevated ALT/AST, 2x upper limit, pulmonary edema, cerebral or visual sx
- **Chronic hypertension with superimposed preeclampsia (up to 40%)**
 - With severe features BP ≥ 160/110 consider delivery 34 wks
 - Without severe features BP < 160/110 consider delivery 37 wks if stable



Eclampsia

Most common pre-seizure s/sx

- Hypertension – 75%
- Headache (persistent frontal or occipital) – 66%
- Visual disturbances – 27%
 - Partial loss of vision/blind spot, loss of vision, blurred vision, double vision, photophobia (extreme sensitivity to light)
- Right upper quadrant/epigastric pain – 25%
- Asymptomatic – 25%
 - Can occur suddenly and without warning in a seemingly stable woman

20% of seizures occur post partum

(Up To Date, 2016)

Eclampsia

- Etiology/pathophysiology poorly understood
- Cerebral edema and cerebral spasm
- Eclampsia and hypertensive crisis link – poor, (hypertensive crisis and stroke link – strong)
- Prevention: prevent emergence of severe preeclampsia, MgSO4

(Up To Date, 2016)

Characteristics of a tonic-clonic seizure

- Sudden loss of consciousness
- Tonus - Muscles of arms, legs, chest, back become stiff
- May appear cyanotic
- Clonus – (After about one min) Muscles alternately relax and contract (jerk and twitch)
- Breathing/respirations are halted...when they start again will be long, deep, noisy/labored inhalations
- May have frothy sputum
- Deep sleep, breathe deeply, wake gradually, global HA, 10-20 min responsive, focal neuro c/o's absent

Up To Date, 2016
Lowdermilk et al. (2012)

Eclampsia Checklist

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Eclampsia Checklist

- **Immediate care** (during seizure):
 - Keep airway patent
 - Turn head to one side
 - DO NOT place any item in the mouth (e.g., bite stick)
 - Place pillow under one shoulder or back if able
 - Call for help...DO NOT LEAVE BEDSIDE
 - Put side rails up, pad with blankets/pillows
 - Observe/record seizure activity
 - Important to note **when it started** and **how long it lasts**

Lowdermilk et al. (2012)

Eclampsia Checklist

- **Post-seizure:** (stabilize patient)
 - Assess airway, breathing, pulse
 - Suction secretions from mouth- Yankauer suction
 - Oxygen 10L/min with nonrebreather face mask
 - Start IV if not already in place
 - Administer Magnesium Sulfate

Prevents next seizure, decreases maternal mortality

 - 6 gm IV/15-20 min
 - Alt 10 g IM, (5 g each buttock) in Pyxis

Refractory fits

 - Rebolus 2 g MgSO4, diazepam 5-10 mg
 - Q 5-10 min, up to 30 mg

Lowdermilk et al. (2012)

Eclampsia Checklist

- Communicate, Call, Maternal care, Fetal Care



Review Emergencies

- **OB STAT ALPHA** 15 minutes
Immediate threat of life of mother or fetus
- **OB STAT BETA** 30 minutes
Not life threatening

If there is another emergency it can be announced as an ASCOM broadcast

For an emergency you can call 7777. Birth Suites Charge RN would be your first call if the situation is not life threatening.



References

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