Clinical Standard Operating Procedure (SOP)

ESCALATION OF CARE IN OBSTETRIC ANAESTHESIA

SETTING St Michael's Hospital

FOR STAFF All staff

PATIENTS All patients being cared for at St Michael's Hospital

Background

St Michael's is a separate site Obstetric Unit and the resident obstetric anaesthetist will normally be ST3/4 level (junior registrar) – in certain situations escalation to a more senior anaesthetist will be required.

This document is intended to guide trainee anaesthetists, midwives and obstetricians regarding when and how escalation to a senior member of the anaesthetic team should be undertaken.

Escalation of care to a more senior anaesthetist can be undertaken by any member of the team at St Michel's but the resident anaesthetist should be informed if escalation has occurred.

How to contact a senior anaesthetist

1. Bleep [redacted] – this pager is always carried by the most senior anaesthetist on site, in the daytime this will be a consultant, overnight this will be a senior registrar (2nd on).
2. If the [redacted] page holder cannot attend themselves they will either arrange another anaesthetist to attend or may advise you to contact the on call consultant directly.
3. If you need to contact the on-call consultant anaesthetist directly your options are:
   i. Directly dial phone number indicated on the Anaesthetic Staffing white board at CDS reception desk.
   ii. Call switchboard and ask them to put you through directly to the consultant anaesthetist on call.

When Escalation is Required

The CDS anaesthetist must contact a senior anaesthetist to *discuss*:

- Any woman on CDS with BMI>40
- Any woman on CDS who has a Maternal Medicine plan
- Any women on CDS receiving critical care
- Any high risk inpatients (see high risk inpatients board in handover room)
- Anyone about whom they have clinical concern

The CDS anaesthetist must contact a senior anaesthetist to *attend*:

- Any woman whom they do not feel comfortable managing alone
- A second theatre is required out of hours for emergency case

- PPH with rapid ongoing blood loss and/or blood loss >1500ml
- A woman requiring return to theatre for further surgical intervention
- Placenta praevia requiring CS
- Known or predicted difficult airway
- Any woman with significant pre-existing cardiac or respiratory disease
- A woman with severe sepsis requiring an anaesthetic for delivery
- A pregnant patient with non-obstetric pathology that requires an anaesthetic
- The refusal of blood products by a patient in labour or who requires a Caesarean delivery
- A failure of epidural analgesia that has not been resolved by re-siting of the epidural
- BMI > 50 requiring operative intervention
- A patient with severe pre-eclampsia, HELLP or eclampsia

A consultant anaesthetist must be *informed* in the following situations:

- A pregnant woman admitted to ED Resus
- Deterioration of woman receiving Obstetric Critical Care and requiring referral to ICU
- A patient with an intrauterine death that is complicated by an abruption

A consultant anaesthetist is required to *attend* in the following situations:

- Maternal cardiac arrest or maternal collapse
- A women with placenta accreta requiring delivery
- PPH > 2.5L

Attendance of senior anaesthetists to provide epidural analgesia

It is expected that once an epidural request is made, or an existing epidural fails to provide adequate analgesia, an anaesthetist will attend the patient **within 30 minutes** of being notified. Only in exceptional circumstances will an anaesthetist be unable to attend within 60 minutes.

If the epidural request is not able/likely to be fulfilled within 30 mins this should be escalated to another on-site anaesthetist. If no one on-site is able to attend within 60 mins this must be escalated to the consultant on call.

Table A

REFERENCES	
RELATED DOCUMENTS AND PAGES	Anaesthetic Guidelines for Central Delivery Suite [redacted]
AUTHORISING BODY	Central Delivery Suite Working Party
SAFETY	n/a
QUERIES AND CONTACT	[redacted], consultant anaesthetist, [redacted]