Objectives

After attending this lecture, attendees will:

- List 5 of the 8 MEOWS parameters for recognizing obstetric emergencies.
- List 3 causes for vaginal bleeding in the second and third trimesters and initial evaluation.
- List general criteria for admitting a patient involuntarily.

Preparedness

- Inpatient and outpatient settings
  - Assess risk areas
  - Establish early warning systems
  - Designate first responders
  - Drills
  - Debrief
Risk Assessment

- Inpatient
  - Assess unit data, risk management
  - Shoulder dystocia, hemorrhage, PE
  - Clinical triggers established
- Outpatient
  - Med administration, anaphylaxis
  - Hemorrhage
  - Delivery

Tools

- Available emergency supplies
- Develop rapid response team
- Protocols with clinical triggers
- Standardized communication tools
  - SBAR
  - Situation-Background-Assessment-Recommendation
- Implement drills

Drills and Simulation

- Multidisciplinary
- Practice effective communication in a crisis
- Standardize response
- Improve patient outcomes
- Improve healthcare provider satisfaction
Provisions and Resources: Outpatient

- Emergency items in central, know area
  - Crash cart up to date
  - Trade duties for maintaining to familiarize
- Transport plan
- Designated ‘go-to’ lead available at all times
- Intentional plan, drills

Provisions and Resources: Inpatient

- Some sudden, catastrophic emergencies
- Recognize pt instability: triggers
  - Modified Early Obstetric Warning System (MEOWS)
  - System data evaluated for additional events
- Bedside personnel empowered to call for help
  - Encouraged to get help
  - No recrimination

Recognizing emergencies: MEOWS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Red Trigger</th>
<th>Yellow Trigger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temp (°C)</td>
<td>&lt;35 or &gt;38</td>
<td>35-36</td>
</tr>
<tr>
<td>Systolic BP (mm Hg)</td>
<td>&lt;90 or &gt;160</td>
<td>150-160 or 90-100</td>
</tr>
<tr>
<td>Diastolic BP (mm Hg)</td>
<td>&gt;100</td>
<td>90-100</td>
</tr>
<tr>
<td>Heart rate, BPM</td>
<td>&lt;40 or &gt;120</td>
<td>100-120 or 40-50</td>
</tr>
<tr>
<td>Respiratory rate, breaths per min</td>
<td>&lt;10 or &gt;30</td>
<td>21-30</td>
</tr>
<tr>
<td>Oxygen saturation; %</td>
<td>&lt;95</td>
<td>--</td>
</tr>
<tr>
<td>Pain score</td>
<td>--</td>
<td>2-3</td>
</tr>
<tr>
<td>Neurologic response</td>
<td>Unresponsive, pain</td>
<td>Voice</td>
</tr>
</tbody>
</table>
Rapid Response

- Outpatient: “Go To” lead available at all times
- Inpatient
  - Activators > Responders > QI review > Admin for policy changes PRN
  - Activators: Anyone providing bedside care
  - Responders: called for triggers

Rapid Response Teams

- Members: Stakeholders: RNs, APRNs, RT, ED, house OGBYN, MDA, support staff
- Called 1st for clinical triggers
- Exchange of information
- Shown to decrease ICU admissions, improve survival of hospitalized patients, reduce incidence of cardiac arrest
- Recommended by ACOG, AWHONN, Joint Commission, Agency for Healthcare Research and Quality

Initial response

- ABCs
- Get help: Employ team
- Notify primary
- Other actions situation based
Obstetric Emergencies: 2nd and 3rd Trimesters

- Preeclampsia/eclampsia
- Hypertensive crisis
- Placenta previa
- Placental abruption
- Amniotic fluid embolism
- Psychiatric emergencies
- Healthcare setting violence

Eclampsia

- New onset seizure in a preeclamptic pt
- SELF LIMITING
- Left lateral, O2, provide for safety
- MgSO4 to prevent further seizure
- Prolonged seizure: lorazepam 4mg slow IV push over 2 min
- Followed by fetal bradycardia 3-5 min
- Consider delivery route

Hypertensive Crisis

- Systolic BP > 150-160 OR
- Diastolic BP > 105-110
- Risk for CVA
- Meds don’t prevent preeclampsia or progression of disease
- Urgent response per ACOG
- Medication to reduce BP
Placenta Previa: Bleeding / Placental Abruption

- **Sx:** Bleeding, pain?, shock
- **Admit**
- **Anesthesia notified, IV access**
- **Evaluate EBL, vital signs**
- **Labs: T and C, CBC, coag eval**
- **Assess fetal status, viability**
- **Determine if cesarean delivery is indicated**
**Amniotic Fluid Embolism**

- AKA: anaphylactoid syndrome of pregnancy, AFE
- Amniotic fluid enters maternal circulation
- Sx of shock, hypotension, DIC
- Delivery, steroids, Dopamine, supportive
- Poor prognosis

**Psychiatric Emergencies: Agitation**

- Extreme verbal or motor arousal
- May be a manifestation of a manic state
- Safety of others considered
- Verbal de-escalation: first line
- Medical exam: Cause, drug tox?
- Medication: ?
- Physical restraint: ?

**Suggested Conversational Prompt Strategy**

<table>
<thead>
<tr>
<th>Suggested Conversational Prompt</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>“What helps you at times like this?”</td>
<td>Inviting ideas</td>
</tr>
<tr>
<td>“I think you would benefit from medication.”</td>
<td>Stating a fact</td>
</tr>
<tr>
<td>“I really think you need medication.”</td>
<td>Persuading</td>
</tr>
<tr>
<td>“You’re in a terrible crisis. Nothing’s working. I’m going to get you some emergency medication. It works well and it’s safe.”</td>
<td>Inducing</td>
</tr>
<tr>
<td>“I’m going to have to insist.”</td>
<td>Coersing</td>
</tr>
</tbody>
</table>
Suicidal Ideation/Psychosis
- Definition: major depression with delusions and/or hallucinations
  - Delusions – False, fixed beliefs
  - Hallucinations – False sensory perceptions
- Symptoms
  - Symptoms of depression
  - Suicidal ideation
  - Suicide plans
  - Psychotic symptoms that place the patient at imminent risk of coming to harm (e.g., auditory hallucinations commanding the patient to kill herself)

Suicidal Ideation/Psychosis
- Treatment: psychiatrist?
  - Antidepressant with antipsychotic
  - ECT
    - Psychosis that places the patient at imminent risk of coming to harm (e.g., psychotic symptoms prevent the patient from attending to basic needs)
    - Severe suicidality (e.g., active suicidal ideation with a plan and intent)
    - Malnutrition secondary to food refusal

Involuntary Admission
- Laws vary state to state
- Criteria
  - Presence of mental illness
  - Dangerous behavior toward self or others
  - Grave disability or
  - Need for treatment
- Emergency meds (based on imminent danger) vs Involuntary meds (court order)
Healthcare Setting Violence

- Assault, rape or homicide of patients or visitors perpetrated by staff, visitors, other patients, or intruders to the institution
- Sentinel event reporting
- Appx 50 cases reported to Joint Commission yearly, likely very underreported

Healthcare Setting Violence

- Techniques for identifying potentially violent individuals
- Violence de-escalation tools that health care workers can employ
- Violence management training
- Conducting a violence audit
- Conducting a violence assessment walk-through
- Responding in the wake of a violent event

Healthcare Setting Violence

- Make a plan: Drill
- Tools:
  - OSHA
  - Joint Commission
    - [https://www.jointcommission.org/workplace_violence.aspx](https://www.jointcommission.org/workplace_violence.aspx)
  - ECRI.org
Thank you