

Mock Isolation for COVID 19 delivery

April 16, 2020

GBHS Owen Sound Women and Child Care unit

Black: Scenario – was determined by roll of dice “dungeons and dragons” style. We rolled poorly this time and got a very stressful scenario.

Blue: Actions taken by Lesley RN (L&D nurse) and Esther RN (charge nurse)

Red: Identified/potential issues

“Corona” 28 wk G3P2 arrives ?labour, didn’t call ahead, wasn’t screened at door at door due to pain – L&D receives call patient is coming. Coughing intermittently, accompanied by partner who appears to be well.

Lesley and Esther are already wearing surgical mask and goggles at all times, but noticed coughing and placed patient in 3307 (planned isolation room). Quickly asked screening questions and patient failed FRI. Placed in droplet contact isolation.

Important that even laboring patients are screened at entry to hospital – this patient should have been wearing a mask and L&D nurses could have prepared better by putting on the rest of their droplet/contact PPE.

Corona is contracting every 5 min lasting 40 seconds x 2 hours, painful 6/10, palpate moderate. Small sang PV.

Lesley and Esther notified the OB who was not in house. EFM applied, IV started etc. Lesley remained in mom area while Esther doffed PPE and prepared baby room.

Noted that to minimize PPE usage and maximize efficiency, 2 nurses may be needed during assessment and preparation for a COVID19 isolation delivery – one to care for patient in PPE and one to prepare equipment in the baby room. T piece was found on the warmer and was changed to flow inflating mask.

OB arrives just in time, Corona is c/o strong urge to push and is grunting, 9 cm dilated.

Pediatrician, NICU, and RT notified of imminent delivery. Nurse from post-partum goes to NICU to cover while NICU nurse attends delivery, leaving 2 nurses on 3-1. Lesley and OB caring for mom in droplet contact PPE –Pediatrician, NICU RN and RT are wearing enhanced PPE in baby room. Esther is in enhanced PPE in the ante square, prepared to be a runner for Code pink. Curtain to baby room is closed. Crash cart is in hallway.

Another person is needed to hand items to Esther from the crash cart. In this delivery where extensive code pink was anticipated, we would need to call Code pink early (maybe before delivery) to obtain support from ER code pink response.

N95 for code pink team members is stored above sink at nurse's station or at OR door – important to account for PPE time

Babe delivers, appears expected gestational age of 28 weeks, decreased tone, gasping.

NICU RN receives baby from OB on clean towel at ante square and brings to warmer. Plastic bag, warming pad etc. Pediatric team of Pediatrician, RT, NICU RN perform NRP following algorithm - confirmed available on wall in isolation room. Esther records and hands in items from crash cart or meds prepared by ER nurse in hallway. All needed supplies for extensive resuscitation were found in the crash cart or isolation nursery, including microbiological filter, un-toothed clamp for ETT, sterile drapes for UVC, etc.

Noted that a 4th person may be needed in the resuscitation in order to do 2 handed "vice grip" BMV. A second ER nurse or second nurse from 3-1 could take over recording/runner from Esther.

Code scenario ended with baby stable intubated with uncuffed ETT, 30% O2.

No transfer to 3-1 – baby 1:1 with NICU RN in isolation nursery while pediatrician calls critical. RT setting up vent. Lesley continues care for mom in droplet contact. Esther checks on NICU, since NICU RN is now pulled. Team arrives and prepares babe for transfer to LHSC. Lesley helps Corona with hygiene, clean gown, washes hands, applies mask. Corona is able to enter the isolation nursery and speak to the team.

Ideally a second NICU trained RN on shift working pediatrics to take over the nursery.

Debrief

- Isolation was maintained well but required a coordinated response from all of WCCU – similar to any precipitous 28 week delivery in Owen Sound, but with the added challenge of no crossover from mom area to baby area
- Left a single nurse on postpartum/pediatrics
- If only 1 NICU RN is on, this would cause the need for a perinatal nurse or pediatric nurse to take over nursery; again not unlike any 28 week delivery but added challenge of that 1:1 care happening outside the nursery
- If another patient is in labour at the same time, we would need more people
- on call nurse would need to be called in
- Everyone aware of where N95s are stored