

Obstetrical Care Operating Room: Process

Suspect/CPatient to be admitted Direct to OR 7
Airborne/Droplet/Contact Precautions
Early Epidural Placement recommended

Patient to be admitted to BC 228 (labour, pre-booked cs)
Droplet/Contact Precautions
Early Epidural Placement recommended

Staff required:
OR 7: Essential OR staff – OB, Anesthesia, RT, Scrub RN, Circulating RN (in airborne/contact/droplet PPE)
OR hallway: RN & PSW (droplet/contact)
Back hallway: PSW (gloved or appropriate PPE depending on task)

Patient (masked) brought, by bed/stretcher through back hall, to OR for completion of c-section

PSW support will be available in droplet/contact PPE to remove Bed/stretcher immediately back to pt rm. Not to be left in back hallway!

Transfer pt to OR table
RN/RT to apply BP, ECG, Sat monitor
OR TEAM don headgear in back hallway
Enter hall and scrub
Hallway staff don headgear and gown. Enter hall.
If intubation occurring – Anesthesia, RT in OR. All others wait for instruction to enter
Enter and support c-section to completion
If extubation occurring – Anesthesia, RT in OR. All others exit until completed.

Epidural/Spinal Post Delivery
(tsf to 228)

C-section Post Delivery
(tsf time to be defined by anesthesia)

PSW support will be available in droplet/contact PPE to bring bed back as instructed

Transfer pt to Birthing Bed
Replace pt mask for transfer

Transfer
Mobilize patient (masked)/Infant (in joey bed)
through back hall to 228

Recover and care for in 228

Teaching/assessment/ infant management

D/c (masked) from 228 to home with infant

Mask not required for patient in private/isolation room.
Mask is required outside of room **AND** at any transfer points
Consider patient and support person in isolation until testing complete

** Ensure signage posted and precaution order in Cerner