

**NHS Lothian Handover Sheet
for Obstetric Patients
requiring admission
to General Critical Care**

Patient details (affix label)

Indication(s) for Critical Care admission:

Obstetric Summary :

Specific Concerns: (including guidance on targets for physiological parameters)

Named Consultant Obstetrician:

Named Midwife:

If the patient deteriorates and it is not possible to contact the Obstetric Registrar (pager 1616), or they are unable to attend, please contact the Consultant Obstetrician (pager 1617 or via switchboard).

Pregnant women admitted to general Critical Care;

- Should be discussed with the Obstetric, Obstetric Anaesthesia and ICU Consultants on call
- May have **different physiological goals** and need regular **foetal monitoring** in Critical Care (coordinated by obstetricians and midwives)

Pregnant women have an increased risk of;

- **Aorto-caval compression** from 20 weeks' gestation- avoid supine position, use **left lateral tilt**/manual displacement of the uterus.
- **Aspiration** of gastric contents from 16 weeks' gestation.
- **VTE**-consider thrombo-prophylaxis (unless absolute contraindication)

NHS Lothian Guidelines for Obstetrics and Obstetric Anaesthesia

<http://intranet.lothian.scot.nhs.uk/Directory/ReproductiveMedicine/PoliciesAndGuidelines/Pages/default.aspx>

Obstetric Pager numbers

Labour Ward Anaesthetist: Reg 2204, Cons 2203 (08:00-18:00 then via switchboard)

Coordinating midwife: 1597. Labour ward ext 22544/22542