

DIVISIONAL DOCUMENT

Delete as appropriate:	Standard Operating Procedure
DOCUMENT TITLE:	Central Birth Suite Escalation Triggers
DOCUMENT NUMBER:	SOP 27 v1
DOCUMENT REPLACES Which Version	n/a
LEAD EXECUTIVE DIRECTOR DGM	Divisional General Manager
AUTHOR(S): Note should <u>not</u> include names	

TARGET AUDIENCE:	All staff
DOCUMENT PURPOSE:	To demonstrate the escalation indicators which have been devised to assist staff to recognise situations where Consultant Obstetricians should be informed and/or asked to attend.
To be read in conjunction with	

SUPPORTING REFERENCES	
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CONSULTATION		
	Committee/Group	Date
Consultation		
Approval Committee	Women and Newborn QSB	April 2020
Ratification date at WNQSB		
NEXT REVIEW DATE:	December 2022	
AMENDMENTS:	Dec 2021: All women on the Maternity Badgernet EPR will have their records completed within the new system. Any templates within guidelines are only required for the existing paper records unless expressly stated in the Badgernet SOP	

Introduction

The SOP demonstrates the escalation indicators which have been devised to assist staff to recognise situations where Consultant Obstetricians should be informed and/or asked to attend.

These indicators are not exhaustive and shift co-ordinators/ senior obstetric trainees should contact Consultants in any situation where delay or concerns are apparent.

When closure of the unit is anticipated, please ensure the Consultant is informed in a timely manner to ensure alternative actions are explored.

CBS Shift Co-ordinator and ST3+ or Equivalent Escalation Responsibilities

STATUS GREEN ESCALATION INDICATORS

- All women urgently referred to ST3+ or equivalent are seen immediately (within 10 minutes)
- All women non urgently referred to ST3+ or equivalent are seen within 30 minutes
- All C/S performed within agreed timescales
- All manual removal placenta or repair of perineum done within 90 minutes (in the absence of excessive bleeding)

No escalation required.

STATUS AMBER ESCALATION INDICATORS

one or more of the following

- All emergency C/Sections where there is anticipated delay from decision to delivery time
- Manual removal/ perineal repairs waiting longer than 90 minutes
- Severe maternal sepsis (see G10)
- Situations where excessive workloads/ inadequate staffing anticipated to impact on patient care/safety e.g. - both obstetric theatres in use, delay in transfer of women to CBS for ongoing induction, requirement to cancel/ postpone planned inductions of labour.

Escalate to: In Hours: Ask CBS consultant to attend

Out of Hours: Inform consultant on call of delays/ concerns

STATUS RED ESCALATION INDICATORS

one or more of the following

- Urgent referrals to ST3+ or equivalent waiting longer than 10 minutes
- All emergency C/sections where delay is significant and ongoing or difficulties experienced during procedure.
- Manual removal/ perineal repairs waiting longer than 120 minutes or any delay if bleeding excessively.
- All situations where Consultant obstetricians required to be in attendance i.e. eclampsia, maternal collapse, C/S for major placenta praevia, postpartum Haemorrhage of more than 1.5 litres where the haemorrhage is continuing and a massive obstetric haemorrhage protocol has been instigated, return to theatre – laparotomy

Escalate to: In Hours: Ask CBS consultant to attend

Out of Hours: request Consultant on call attendance

The above escalation indicators have been devised to assist staff to recognise situations where Consultant Obstetricians should be informed and/or asked to attend. These indicators are not exhaustive and shift co-ordinators/ senior obstetric trainees should contact Consultants in any situation where delay or concerns are apparent.

When closure of the unit is anticipated, please ensure the Consultant is informed in a timely manner to ensure alternative actions are explored.