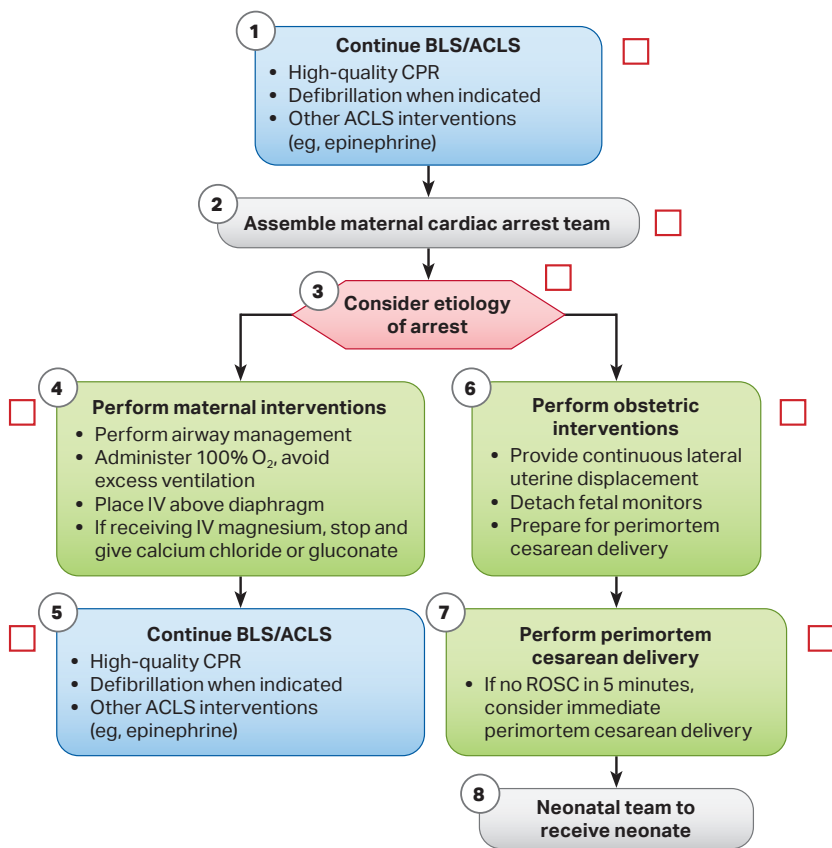


Cardiac Arrest in Pregnancy In-Hospital ACLS Learning Station Checklist

Cardiac Arrest in Pregnancy In-Hospital ACLS Algorithm



Maternal Cardiac Arrest

- Team planning should be done in collaboration with the obstetric, neonatal, emergency, anesthesiology, intensive care, and cardiac arrest services.
- Priorities for pregnant women in cardiac arrest should include provision of high-quality CPR and relief of aortocaval compression with lateral uterine displacement.
- The goal of perimortem cesarean delivery is to improve maternal and fetal outcomes.
- Ideally, perform perimortem cesarean delivery in 5 minutes, depending on provider resources and skill sets.

Advanced Airway

- In pregnancy, a difficult airway is common. Use the most experienced provider.
- Provide endotracheal intubation or supraglottic advanced airway.
- Perform waveform capnography or capnometry to confirm and monitor ET tube placement.
- Once advanced airway is in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions.

Potential Etiology of Maternal Cardiac Arrest

- A** Anesthetic complications
- B** Bleeding
- C** Cardiovascular
- D** Drugs
- E** Embolic
- F** Fever
- G** General nonobstetric causes of cardiac arrest (H's and T's)
- H** Hypertension