



# Montgomery County Fire and Rescue Service

## Division of Operations

### Emergency Medical and Integrated Healthcare Services

#### *Office of Medical Oversight Clinical Practice Guideline*

<b>Title:</b>	<b>Treatment Priorities for Pregnant Patients in Cardiac Arrest</b>	<b>Number:</b>	2021 – 03
<b>Date:</b>	October 19, 2021		
<b>Issued by:</b>	Roger M. Stone MD, MS – MCFRS Medical Director		
<b>Purpose:</b>	To provide clarity for treatment priorities in pregnant cardiac arrest patients		
<b>Target Patient Population:</b>	Cardiac arrest patients who are 20 or more weeks pregnant		
<b>Guideline:</b>	<p>The Maryland Medical Protocol excludes pregnant patients from mandatory on scene resuscitation that would require reaching either the 3<sup>rd</sup> epinephrine in medical arrest or completion of key treatments in trauma arrest.</p> <p><b>For these patients the goal is to establish the floor of care and move quickly to a hospital for cesarean delivery.</b> To accomplish this goal, the following tasks should be completed (in priority order):</p> <ol style="list-style-type: none"> <li>1.) <b>CPR, assessment for a shockable rhythm</b>, and defibrillation when appropriate</li> <li>2.) <b>Transition to mechanical CPR</b> as early as possible to facilitate quality chest compressions while moving</li> <li>3.) Constant manual leftward <b>displacement of the uterus</b> to relieve pressure on the patient’s great vessels (<b>figure 1</b>). This will require an additional and dedicated clinician throughout the incident.</li> <li>4.) <b>Ventilation and airway management.</b> Consider rapid progression to a supraglottic airway which is often the fastest way to achieve an airway that facilitates good ventilation during transport.</li> <li>5.) <b>Rapid identification and treatment of reversible causes</b> to include hypoxia, airway compromise, uncontrolled external hemorrhage, tension pneumothorax, etc.</li> </ol> <p>When these tasks have been accomplished consider quick and controlled movement to the closest hospital-based emergency department (excluding Suburban). <b><u>Early hospital notification is essential.</u></b></p> <p>During transport, continue standard cardiac arrest care to include vascular access, medications, and other appropriate therapies.</p>		



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Figure 1- Manual Left Uterine Displacement