

**Standard Operating Procedure: Opening of additional emergency Caesarean
Section Theatre****After Hours****(Available theatre team does case in labour ward theatre, East)**

When a situation arises where the available theatre in C2A is occupied after hours and a second red coded emergency presents, take the following steps to organize a second emergency theatre.

- Call the Obstetric consultant on call and inform them of the situation and all pending caesarean sections as well as the status of the current theatre case.
- Discuss the case with the Anaesthetist on call in C2A as well as the Senior Anaesthetist on call, see contact details (best person to coordinate anaesthetic service)
- **Senior Anaesthetic Phone Number: 0634096117**
 - **Speed dial: 3484**
- Discuss case and book the case with theatre nursing team, and phone 4849 and inform **Afterhours Nursing Manager - 4056.**
- If all the theatres are occupied inform all the members of the team to let the labour ward theatres know as soon as one becomes available, the first available team should do the case, after discussion and triage with other disciplines.
- This 2nd emergency CS will "compete" with all other emergencies on the general/orthopedic list e.g., child septic shock ruptured appendix. The obstetric team to discuss this push-in with all preceding disciplines i.e., surgical/orthopedic colleagues.
- Phone the neonatology doctor on call for caesarean sections, to arrange an additional doctor to attend to the neonate after delivery.
- Discuss with the nursing shift leader in the labour ward to organize an additional midwife for the delivery.
- Once there is a theatre team available, the team (Anesthetics and Nursing) should the move to the C2A East theatre (Elective CS theatre) immediately for the case to commence.
- Ensure that the patient is prepared and resuscitated appropriately.

Standard Operating Procedure: Opening of additional Emergency Caesarean Section Theatre

Opening of Additional Theatre in Working Hours (3rd obstetric theatre)

(Case moved to General Emergency Theatre)

- During working hours both caesarean theatres are available for emergencies, and if there are 2 simultaneous red cases (life threatening to mother or fetus, cannot be delayed) the elective theatre can also be utilized.
- If a red emergency arises while both theatres are occupied and will not be available in the next 20-30 minutes the option of opening an additional theatre can be explored.
- Inform the obstetric theatre consultant.
- The obstetric theatre consultant will discuss the situation with the anaesthetic theatre consultant as well as the nursing teams.
- If any of the emergency theatres are available, the case should then be done in the emergency general theatre.
- This emergency CS will "compete" with all other emergencies on the general/orthopedic list e.g., child, septic shock, ruptured appendix. The obstetric team to discuss this push-in with all preceding disciplines i.e., surgical/orthopedic colleagues.
- Discuss the case and details with the theatre team and inform them of the clinical condition of the mother and all the specific risk factors.
- Arrange with labour ward nursing shift leader for an additional midwife and to arrange neonatal resuscitation equipment for the emergency theatre.
- Theater and labour ward consultant should identify an appropriate surgical team to do the case.
- Discuss the case with the neonatology doctor on call to supply a doctor for resuscitation of the newborn.
- Theatre nursing to obtain caesarean section packs from labour ward theatre.

TYGERBERG HOSPITAL
Department of Obstetrics and Gynaecology: General Specialist
Services

Standard Operating Procedure: Additional Emergency Caesarean Section Theatre

- **If your attempts at opening an additional theatre fails, inform your consultant to again discuss all pending cases, and triage.**
- **Document attempts in patients file and continue intrapartum resuscitation and salbutamol, if appropriate**
- **Ensure the theatre team is aware of the emergency and that the most senior surgeon and anaesthetist can continue to expedite current case**
- **Inform medical superintendent on call.**

AUTHORISED BY	S Gebhardt, J Burke, J Booyesen
COMPILED BY	L de Waard, E Swart, A Breedt, A van Rooyen
COMMITTEE RESPONSIBLE	S Gebhardt, E Swart, L de Waard
DATE REVISED	2 July 2021
DATE EFFECTIVE	27 July 2021
REVIEW DATE	July 2023

