

Team Debriefing Form

Person Completing Form:	Title:	Date of Emergency/Drill:
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Staff who Participated in the Emergency/Drill

Staff Name	Role	Staff Name	Role

Time Clinical Emergency/Scenario Commenced:	Time Clinical Emergency/Scenario Concluded:	Length of Time:
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Type of Clinical Emergency/Drill:	Recognition	Readiness
<p>Obstetrical/Neonatal Emergency:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Code Blue <input type="checkbox"/> ED/OB Trauma <input type="checkbox"/> ED/OB/OR Trauma <input type="checkbox"/> Emergency airway (Neonatal) <input type="checkbox"/> Neonatal Resuscitation <input type="checkbox"/> Postpartum Hemorrhage <input type="checkbox"/> Prolapsed Cord <input type="checkbox"/> Sepsis (maternal) <input type="checkbox"/> Shoulder Dystocia <input type="checkbox"/> Uterine Rupture <input type="checkbox"/> Malignant hyperthermia <input type="checkbox"/> Anaphylactoid syndrome of pregnancy <input type="checkbox"/> Severe Htn <input type="checkbox"/> _____ <p>Describe the Emergency/Scenario:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Was there prompt recognition of the emergency/drill (Code blue/Pink called)? <p><u>Hemorrhage</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> PPH risk assessments performed per protocol? <p><u>HTN</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Elevated BP confirmed with manual cuff? <p><u>Sepsis</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Oral temp < 96.8°F (36°C) or ≥ 100.4°F (38°C)? <input type="checkbox"/> HR > 110 bpm for ≥ 15 minutes? <input type="checkbox"/> RR > 24 bpm ≥ 15 minutes? <p><u>Uterine Rupture</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Loss of fetal station <input type="checkbox"/> Acute abdominal pain (severe/persistent) <p><u>Malignant Hyperthermia</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Muscle rigidity <input type="checkbox"/> Elevated end-tidal CO₂ <input type="checkbox"/> Hyperthermia 	<ul style="list-style-type: none"> <input type="checkbox"/> Was there adequate staffing on the unit? <input type="checkbox"/> Was additional emergency staff alerted as required? <input type="checkbox"/> Did all staff have adequate clinical knowledge of emergency/scenario and treatment required? <input type="checkbox"/> Did all staff know how to access the emergency equipment? <input type="checkbox"/> Was the emergency equipment in working condition?

Response: (check all that apply)	
<input type="checkbox"/> Was the team mobilized in a timely manner? <input type="checkbox"/> Was a clinical lead identified? <input type="checkbox"/> Were roles designated appropriately? <input type="checkbox"/> Were appropriate protocols and algorithms followed? <input type="checkbox"/> Was the safety of patient maintained? <input type="checkbox"/> Was the safety of the staff maintained? <input type="checkbox"/> Did staff worked as a team to adequately manage the emergency/scenario? <input type="checkbox"/> Did staff debrief and review the emergency/scenario? <input type="checkbox"/> Was documentation completed? <input type="checkbox"/> Was closed loop communication utilized? PPH <input type="checkbox"/> Blood loss quantified? <input type="checkbox"/> Blood readily available and administered in a timely manner? Code Blue <input type="checkbox"/> Manual left uterine displacement <input type="checkbox"/> Oxytocin & magnesium sulfate discontinued <input type="checkbox"/> Fetal heart monitoring devices removed prior to defibrillation Prolapsed Cord <input type="checkbox"/> Manual elevation of presenting part until cesarean birth Malignant Hyperthermia <input type="checkbox"/> Hyperventilate with 100% O ₂ ≥ 10L/min <input type="checkbox"/> Administer dantrolene or ryanodex <input type="checkbox"/> Serial blood gas every 15 minutes <input type="checkbox"/> Cool patient rapidly if temp > 102.2°F (39°C)	HTN <input type="checkbox"/> Provider notified (SBP ≥160 mm Hg or DBP ≥110 mm Hg)? <input type="checkbox"/> Antihypertensive medication given within one hour of severe range BP? <input type="checkbox"/> Antihypertensive medication algorithm followed? <input type="checkbox"/> Magnesium sulfate initiated when appropriate? Sepsis <input type="checkbox"/> Provider notified of MAP <65 mm Hg? <input type="checkbox"/> IV access obtained and bolus of 1-2 L IV fluid given? <input type="checkbox"/> Antibiotics administered ideally within one hour?
	Respective Maternity Care: (Check all that apply) <input type="checkbox"/> Team was conscious of potential bias? <input type="checkbox"/> Patient provided informed consent? <input type="checkbox"/> Patient and family treated with mutual respect? <input type="checkbox"/> Patient had ability to make self-governed decisions about their care <input type="checkbox"/> Team was accountable for their actions <input type="checkbox"/> Team and patient used shared decision making <input type="checkbox"/> Patient treated with dignity
Areas of Opportunity: (Check all that apply and <u>provide details on page 3</u>)	
<input type="checkbox"/> Additional equipment needed <input type="checkbox"/> Additional staff training needed <input type="checkbox"/> Centralization of equipment (location change) <input type="checkbox"/> Clinical staff unsure of what to do (Confusion) <input type="checkbox"/> Cooperative planning with responders <input type="checkbox"/> Debrief not carried out or documented <input type="checkbox"/> Documentation not accurate or complete <input type="checkbox"/> Emergency equipment missing or not working <input type="checkbox"/> Emergency medications missing or expired	<input type="checkbox"/> Ineffective leadership and delegation <input type="checkbox"/> Absence of role designation <input type="checkbox"/> Ineffective response (staff assigned to respond did not responded in a timely manner/or not at all) <input type="checkbox"/> Improve knowledge of emergency equipment <input type="checkbox"/> Revise emergency procedures <input type="checkbox"/> System improvement for maintenance and checking of equipment <input type="checkbox"/> Update emergency supplies <input type="checkbox"/> Update/fix emergency equipment <input type="checkbox"/> Other: _____

