

13 Amniotic Fluid Embolism

Respiratory distress and cardiovascular collapse in a pregnant or postpartum woman.

START

- ① Call for help, code cart/defibrillator inform team (OB)
 - ▶ Ask: “Who will be the crisis manager?”
- ② Anticipate cardiac arrest and need for emergent C-section.
- ③ Place patient in left uterine displacement
- ④ Administer 100% O₂
- ⑤ Support Circulation with IV fluids, vasopressors and inotropes
- ⑥ Prepare for emergent intubation
- ⑦ Place arterial line, central venous access if possible
- ⑧ Anticipate massive hemorrhage and DIC
- ⑨ Consider...
 - ▶ Circulatory support (IABP/ECMO/CPB). Cardiac Surgery (Amion, Remis)
- ⑩ Rule Out
 - ▶ Eclampsia
 - ▶ Hemorrhage/uterine rupture
 - ▶ Anaphylaxis, go to ▷ CHKLST 2
 - ▶ Air Embolism, go to ▷ CHKLST 1
 - ▶ Aspiration
 - ▶ Pulmonary embolism, go to ▷ CHKLST 21
 - ▶ Cardiac (cardiomyopathy, MI, valve)
 - ▶ Anesthetic issues (overdose, LA toxicity, total spinal)
 - Local Anesthetic Toxicity, go to ▷ CHKLST 15
 - Total Spinal Anesthesia, go to ▷ CHKLST 22

IMPORTANT

Cardiac Arrest and CPR mandate emergent C-section, within 5 minutes!
(Do this in labor room to save time)

Critical CHANGES

If Asystole PEA develops, Go to ▷ CHKLST 4
If VF/VT, Go to ▷ CHKLST 5