

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"/> _____ <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>Hemorrhage</p> <ul style="list-style-type: none"> <input type="checkbox"/> Were ongoing PPH risk assessments performed (admission, pre-birth, post-birth, postpartum)? <p>HTN</p> <ul style="list-style-type: none"> <input type="checkbox"/> Was the BP confirmed with a manual cuff? <input type="checkbox"/> Was the provider notified of the SBP ≥ 160 mm Hg or DBP ≥ 110 mm Hg? <p>Sepsis</p> <ul style="list-style-type: none"> <input type="checkbox"/> Was the oral temperature $< 96.8^{\circ}\text{F}$ (36°C) or $\geq 100.4^{\circ}\text{F}$ (38°C)? <input type="checkbox"/> Was the provider notified of a MAP of < 65 mm Hg? <input type="checkbox"/> Was the HR > 110 bpm for ≥ 15 minutes? <input type="checkbox"/> Was the RR > 24 bpm ≥ 15 minutes? 	<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"/> Were all staff competent in handling emergency equipment required? <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 additional support requested in a timely manner? <input type="checkbox"/> Was a clinical leader identified? <input type="checkbox"/> Clinical leader delegated tasks appropriately? <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? <u>PPH</u> <input type="checkbox"/> Were the appropriate clinical decisions followed per the PPH staging algorithm? <input type="checkbox"/> Were other interventions e.g., intrauterine tamponade balloon, intrauterine vacuum-induced device etc., utilized in a timely manner? <input type="checkbox"/> Were the appropriate uterotonics given? <input type="checkbox"/> Was blood loss quantified? <input type="checkbox"/> Were blood products administered in a timely manner? <input type="checkbox"/> Was blood readily available? <input type="checkbox"/> Was there a request for blood crossmatch?	<u>HTN</u> <input type="checkbox"/> Were the appropriate clinical decisions followed per the severe HTN medication protocol? <input type="checkbox"/> Was an antihypertensive medication given within one hour of severe BP? <input type="checkbox"/> Was the appropriate antihypertensive medication algorithm followed for severe BP? <input type="checkbox"/> Was magnesium sulfate initiated when appropriate? <u>Sepsis</u> <input type="checkbox"/> Were the appropriate clinical decisions followed per the sepsis protocol? <input type="checkbox"/> Were the appropriate labs drawn per the sepsis protocol (including CBC (including % immature neutrophils [bands], platelets, coagulation panel [prothrombin time/international normalized ratio/partial thromboplastin time], comprehensive metabolic panel (including bilirubin, creatinine), venous lactic acid)? <input type="checkbox"/> Was IV access obtained and bolus of 1-2 L IV fluid given? <input type="checkbox"/> Were antibiotics administered ideally within one hour? <input type="checkbox"/> Was a urinary catheter with urometer bag placed? <input type="checkbox"/> Was a pulse oximeter placed? <input type="checkbox"/> Was maternal mental status assessed?
Areas of Opportunity: (Check all that apply)	
<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 <input type="checkbox"/> 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"/> Emergency equipment not rechecked after emergency/drill	<input type="checkbox"/> Ineffective leadership and delegation <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: _____

Area of Opportunity	Action Needed	Person Responsible for Follow-up