

Improving Visibility of Emergency Drug Locations and Guidelines in Obstetric Practice

P. Osuri, D Pascu, S James, J. Blackburn. Birmingham Women's and Children's Hospital NHS Foundation Trust

Introduction

Birmingham Women's Hospital anaesthetics department is dedicated to delivering a high quality educational programme, including a weekly journal club where resident doctors present recent research and guidelines. Following a presentation on the Guidelines for Provision of Anaesthesia Services for an Obstetric Population (2024)¹, a survey was undertaken to evaluate anaesthetists' knowledge regarding the location emergency drugs and equipment. This initiative aimed to inform targeted improvements in doctors' induction, in alignment with recommendation 4.6 of the guideline:

4.6 There should be induction programmes for all new members of staff, including locum doctors. Induction for a locum doctor should include the following and should be documented:

- familiarisation with the layout of the labour ward
- the location of emergency equipment and drugs (e.g. massive obstetric haemorrhage trolley/intralipid/dantrolene)
- access to guidelines and protocols
- information on how to summon support/assistance

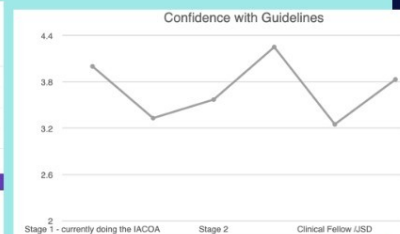
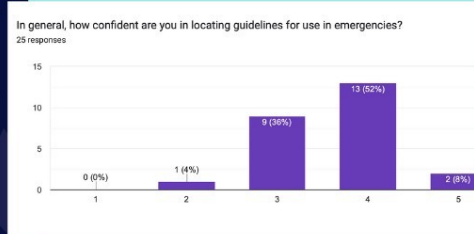
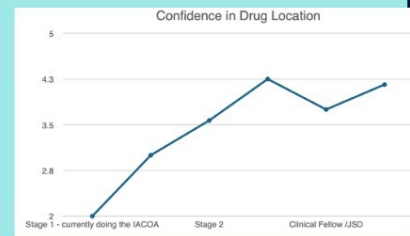
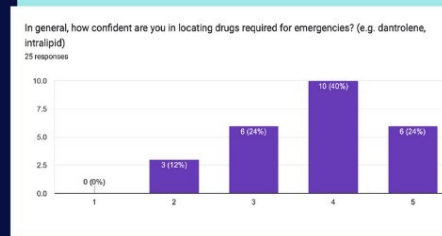
Methodology

An anonymous survey was disseminated to obstetric anaesthetists of all grades. The survey assessed self-reported confidence and knowledge of locating key emergency drugs (e.g. intralipid, dantrolene) and emergency equipment (e.g. haemorrhage trolleys). Additionally, the survey assessed utilisation of emergency guidelines. Targeted improvements were then made.



Results

A total of 25 responses were collected, comprising 55% resident doctors, 25% clinical fellows/speciality doctors and 20% consultants. Only 24% of respondents were very confident (40% confident) in locating emergency drugs and 8% were very confident (52% confident) in locating emergency guidelines. Notably, 52% of respondents were unable to correctly identify the location of the haemorrhage trolley. Confidence was generally lower among junior residents.



There was variability in responses to the question 'What emergency guidelines are there and how are they found?': OAA QRH (App), AAGBI QRH, BWH handbook, MOH Guideline/DAS poster in theatre, Oxford handbook. Only 1 person mentioned the AoA guidelines, which are currently available as a printed copy.

References

1. Royal College of Anaesthetists. Guidelines for the provision of Anaesthesia services for an obstetric population, 2024. <https://www.rcoa.ac.uk/gpas/chapter-9> (accessed 9th April 2025)
2. Obstetric Anaesthetists' Association. Quick Reference Handbook for Obstetric Emergencies. www.oaa-anaes.ac.uk/qrh (accessed 9th April 2025)

Conclusion

Findings from the survey were presented at the department QI meeting and a targeted action plan was developed to enhance accessibility of information:

- printed copies of the Obstetric Anaesthetists' Association Quick Reference Handbook² were placed in each obstetric theatre anaesthetic machine
- the location of emergency drugs and equipment was incorporated within the handbook, and displayed in anaesthetic rooms and office
- a laminated map with the location of emergency resources will be displayed on the theatre doors and delivery suite information board.
- these initiatives will be actively communicated to all anaesthetic staff and integrated into the resident doctors' induction.

This should lead to an increase in compliance with the GPAS recommendation regarding induction, and overall confidence finding emergency equipment, drugs and guidelines.

