HIGH DEPENDENCY CARE

PRINCIPLES OF MANAGEMENT

- Optimal high dependency care is based on early detection of problems, detailed monitoring, and control of symptoms
- Manage each case according to individual clinical situation
- Seek advice early from other specialities (e.g., physicians, surgeons, critical care etc). Follow local guidance about who should seek advice and from which grade of specialist

EQUIPMENT

- Ensure equipment in high dependency rooms checked as per local practice

High dependency room

- Resuscitation trolley with defibrillator and airway management equipment
- Monitoring equipment:
  - pulse
  - BP
  - ECG
- SaO₂ and with transducer facility for invasive monitoring
- Equipment for insertion and management of invasive monitoring (arterial and CVP)
- Piped oxygen and suction
- Intravenous fluid warmer
- Forced air warming device
- Infusion pumps

Available on delivery suite/unit

- Blood gas analyser
- Emergency massive haemorrhage trolley
- Emergency eclampsia box
- Transfer equipment – monitor and ventilator

LEVELS OF CRITICAL CARE

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>Level 0</td>
<td>Needs can be met through normal ward care</td>
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<tr>
<td>Level 1</td>
<td>Women at risk of deterioration and requiring a higher level of observation</td>
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<tr>
<td>Level 2</td>
<td>Invasive monitoring/intervention required that includes support for a single failing organ (excluding advanced respiratory support)</td>
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<tr>
<td>Level 3</td>
<td>Advanced respiratory support required (mechanical ventilation) alone or basic respiratory support together with support of at least one additional organ</td>
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INDICATIONS FOR HIGH DEPENDENCY CARE

- Women requiring level 1 or 2 critical care see above, this might include:
  - severe pregnancy-induced hypertension
  - eclampsia
  - severe antepartum haemorrhage (APH)
  - major primary or secondary postpartum haemorrhage (PPH)
  - severe infection/sepsis
  - sudden unexplained collapse
  - haemolysis, elevated liver enzymes and low platelet count (HELLP) syndrome
  - disseminated intravascular coagulation (DIC)
  - uncontrolled diabetes
  - certain cardiac, pulmonary, neurological or renal disorders
  - elevated Maternity Early Warning Score
• women who require hourly monitoring
• This list is not exhaustive, consider each case on an individual basis

ON COMMENCEMENT OF HIGH DEPENDENCY CARE
• Treat underlying problem and refer to appropriate guideline
• Review symptoms
• Carry out thromboprophylaxis risk assessment
• Clearly document handover to and from high dependency care unit (HDU) care
• Provide and document the following information given to woman and her family:
  • reason for high dependency care
  • explanation of procedures, drugs and care given

MONITORING
• Complete high dependency chart

Observations
• In addition to standard antenatal, intrapartum or postnatal care, perform the following observations and record on high dependency chart:
  • temperature
  • pulse
  • respiratory rate
  • oxygen saturations
  • blood pressure
  • fluid balance

CONSIDERATIONS FOR TRANSFER TO CRITICAL CARE AREA
• Requires:
  • level 3 critical care or respiratory support
  • level 2 critical care which cannot be provided on delivery suite
  • level 2 critical care of >1 organ/system
  • level 2 critical care currently but at a significant risk of deterioration
• At discretion of consultant obstetrician and anaesthetist after discussion with critical care consultant

Transfer
• Ensure documentation from all staff groups is complete as per local guidance, with details of how to contact them if further information is required
• Complete relevant transfer documentation
• Refer to Maternal transfer guideline

DISCHARGE FROM HDU
• Decision to discharge is made in consultation between obstetrician, anaesthetist and midwife, provided the woman:
  • is stable and no longer requires organ support
  • no longer requires observation or treatment available on HDU
• After leaving HDU care, senior medical staff must review woman
• Provide woman with information about what has happened and encourage her to participate in decisions relating to recovery