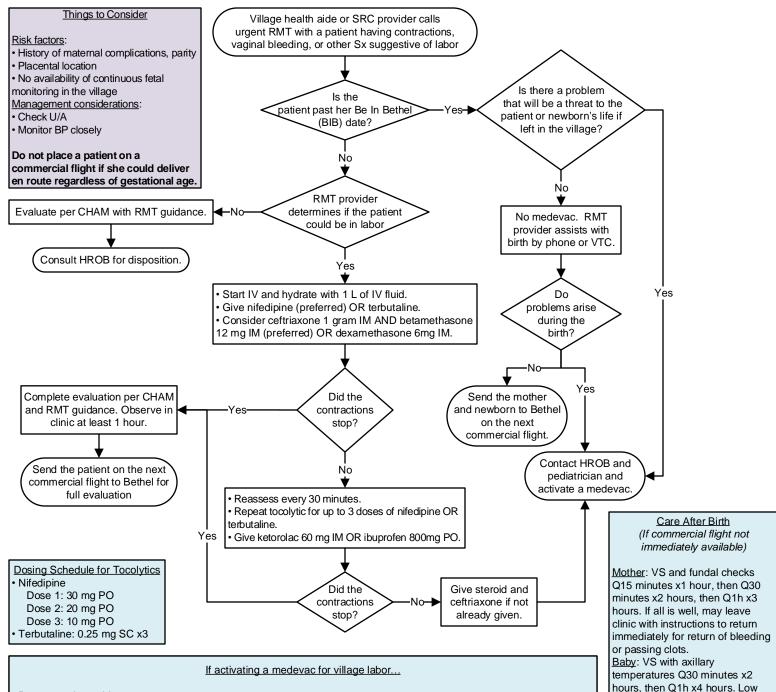


Clinical Guideline

Labor Patient: Village



- Do not send a resident.
- Ensure that all Tiger Connect roles are covered by back-up physician.
- Notify E1/E2 physician, as they are medical control.
- Get ÓB/Pediatric Village Delivery Backpack from OB. Ensure it contains unexpired FFN, GC/CT swab, GBS swab, sterile speculum, etc.
- Discuss with pediatrician the need to bring surfactant.
- Bring warm clothing (extra gear in peds call room under the bed), snacks, drinks, money, motion sickness medication, etc.
- Coordinate with pediatrician and plan to meet at LifeMed hangar at 3600 Tower Road. Tell LifeMed Dispatch if there will be a delay of >20 minutes.

In the village...

- Help the crew, follow their instructions, and expect to carry equipment.
- If GA<34 weeks, perform a sterile speculum exam, obtain FFN, swab for GBS and GC/CT, and obtain urine sample for culture.
- If no concern for placenta previa, check cervix after obtaining cultures.
- Make decision about disposition based on cervical exam, possible complications, and risk/benefit of travel. Discuss with HROB if any uncertainty.
- Notify OB charge nurse of disposition ASAP so they can prepare.
- If village delivery is anticipated, see Village Deliveries (Pediatrics) Resource for newborn care and preparation.

threshold for blood glucose after first feed. Ensure vitamin K, erythromycin, and hepatitis B vaccine are given. If all is well, may leave clinic with instructions to return immediately for any concerns, especially trouble breathing, fast breathing, pauses

in breathing, etc.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by MSEC 4/6/21.

Click here to see the supplemental resources for this guideline.

If comments about this guideline, please contact Ellen_Hodges@ykhc.org.