Pregnant patient, visitor, or employee (with or without cancer)

Acute Cancer Care Center

Does patient meet high risk criteria\(^1\)?
Yes]

Inpatient

See Page 2

Outpatient/MD Anderson public spaces

See Page 3

No

• Move patient to treatment room
• Perform medical screening exam
• Document fetal heart rate by doppler
• Consult with individual’s obstetric provider
• Consult General Gynecology
• Management and imaging as determined by medical teams
• For individuals > 20 weeks gestation:
  o Document week of gestation
  o If birth is imminent, prepare for delivery and notify Case Management or Off-Shift Administrator (OSA) to initiate neonatal transfer (see Appendix A: Hospital Contact Information)
  o Document time of birth, Apgar score\(^3\) at 1 and 5 minutes, gender, and birth weight

Stabilized?\(^4\)
Yes

No

Manage individual, as clinically indicated

Is patient > 20 weeks gestation or with no cancer diagnosis?\(^5\)
Yes

No

• Transfer individual
• Notify primary team as indicated

Emergency transfer administrative process, see Page 4

DISPOSITION

A

• Transfer to outside hospital for higher level of care (see Appendix A: Hospital Contact Information)
• Notify primary team as indicated

Medical management and disposition per Acute Cancer Care Center and/or primary teams, as indicated

• Admit to primary service
• Consult General Gynecology
• Refer to Page 2

Does patient require admission or further obstetric evaluation?\(^6\)
Yes

No

• Perform medical screening exam
• Document fetal heart rate by doppler
• Consult with individual’s obstetric provider
• Consult General Gynecology consult
• Management and imaging as determined by medical teams
• For individuals > 20 weeks gestation:
  o Document week of gestation

1 High risk is defined as: maternal heart rate < 50 bpm or > 120 bpm, respiratory rate < 12 bpm or > 26 bpm, oxygen saturation < 95%, systolic blood pressure < 80 mmHg or blood pressure ≥ 135/85 mmHg especially with headache or visual changes, temperature ≥ 38.0°C, acute mental status change, active labor or imminent birth, abdominal pain or cramping, active vaginal bleeding, spontaneous rupture of membrane, prolapsed cord or other serious condition such as trauma, sepsis, or seizures

2 The medical condition of a woman having contraction is not considered an emergency if there is adequate time for her safe transfer before delivery or if the transfer will not pose a threat to the health or safety of the woman or the fetus

3 See Appendix B: Apgar Score

4 If patient is not stabilized prior to transferring to another facility, continue to pursue a transfer if the individual requests the transfer or the expected benefits outweigh the increased risks of the transfer (see MD Anderson Institutional Policy # CLN3280 – Emergency Medical Screening Examination, Stabilization, and Appropriate Transfers Policy)

Note: For emergencies occurring on MD Anderson campus locations not supported by the Code Blue Team, contact 911 (Code Blue Team vs. 911 Response Map)
Triage, Stabilization and Transfer Process for Individuals with an Obstetric Emergency

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care.

**Note:** For emergencies occurring on MD Anderson campus locations not supported by the Code Blue Team, contact 911 (Code Blue Team vs. 911 Response Map)

**PRESENTATION AND ASSESSMENT**

- **Inpatient**
  - Does patient meet high risk criteria? [ ]
    - Yes
      - Need for transfer? [ ]
        - Yes
          - Transfer to outside hospital for higher level of care (see Appendix A: Hospital Contact Information)
        - No
          - Manage patient as clinically indicated
          - Refer to MD Anderson Institutional Policy # CLN0582 – Management of Pregnant Patients with Cancer Policy, as indicated
    - No
      - Continue medical management (see MD Anderson Institutional Policy # CLN0582 – Management of Pregnant Patients with Cancer Policy, as indicated)

**DISPOSITION**

- **Emergency transfer administrative process, see Page 4**

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1 Applies to patients who are < 20 weeks gestation. For patients > 20 weeks gestation, see MD Anderson Institutional Policy # CLN0582 – Management of Pregnant Patients with Cancer Policy

2 High risk is defined as: maternal heart rate < 50 bpm or > 120 bpm, respiratory rate < 12 bpm or > 26 bpm, oxygen saturation < 95%, systolic blood pressure < 80 mmHg or blood pressure ≥ 135/85 mmHg especially with headache or visual changes, temperature ≥ 38.0° C, acute mental status change, active labor or imminent birth, abdominal pain or cramping, active vaginal bleeding, spontaneous rupture of membrane, prolapsed cord or other serious condition such as trauma, sepsis, or seizures

3 The medical condition of a woman having a contraction is not considered an emergency if there is adequate time for her safe transfer before delivery or if the transfer will not pose a threat to the health or safety of the woman or the fetus

4 If patient is not stabilized prior to transferring to another facility, continue to pursue a transfer if the individual requests the transfer or the expected benefits outweigh the increased risks of the transfer (see MD Anderson Institutional Policy # CLN3280 – Emergency Medical Screening Examination, Stabilization, and Appropriate Transfers Policy)

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Department of Clinical Effectiveness V1
Approved by the Executive Committee of the Medical Staff on 11/17/2020
PRESENTATION AND ASSESSMENT

Outpatient / MD Anderson public spaces

- Does patient meet high risk criteria?  
  - Yes: Call Code Blue
    - Need for transfer?  
      - Yes: Transfer to outside hospital for higher level of care (see Appendix A: Hospital Contact Information)
      - No: Medical management and disposition as per Code Blue and/or Primary Teams as clinically indicated
    - Refer to MD Anderson Institutional Policy # CLN0582 – Management of Pregnant Patients with Cancer Policy, if indicated
  - No: Refer to MD Anderson Institutional Policy # CLN0582– Management of Pregnant Patients with Cancer Policy, if indicated

DISPOSITION

- Emergency transfer administrative process, see Page 4

1 For outpatient areas not covered by Code Blue services, call 911 and provide supportive care until Emergency Medical Services (EMS) arrives
2 High risk is defined as: maternal heart rate < 50 bpm or > 120 bpm, respiratory rate < 12 bpm or > 26 bpm, oxygen saturation < 95%, systolic blood pressure < 80 mmHg or blood pressure ≥ 135/85 mmHg especially with headache or visual changes, temperature ≥ 38.0°C, acute mental status change, active labor 1 or imminent birth, abdominal pain or cramping, active vaginal bleeding, spontaneous rupture of membrane, prolapsed cord or other serious condition such as trauma, sepsis, or seizures
3 If patient is not stabilized prior to transferring to another facility, continue to pursue a transfer if the individual requests the transfer or the expected benefits outweigh the increased risks of the transfer (see MD Anderson Institutional Policy # CLN3280 – Emergency Medical Screening Examination, Stabilization, and Appropriate Transfers Policy)
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EMERGENCY TRANSFER ADMINISTRATIVE PROCESS

Acute Cancer Care Center/Inpatient

- Attending Physician will notify Case Management or OSA1 (outside of business hours) to coordinate acceptance at outside hospital2

Outpatient/MD Anderson public spaces

- Code Blue team calls 911 for transfer
- Code Blue team to notify outpatient area of patient disposition
- Outpatient team to notify available family and primary team as appropriate

Case Management or OSA will:
- Contact Transfer Center at the receiving hospital to obtain approval and bed availability
- Provide attending physician with contact number for physician at outside hospital
- Attending Physician will discuss case with physician at outside hospital
- Attending Physician to notify patient and family of intent to transfer and obtain verbal consent

Transfer accepted?

1 Contact Case Management or OSA via on-call schedule
2 Refer to MD Anderson Institutional Policy # CLN0614 – Transfer of Patients to, from and Within MD Anderson Cancer Center Policy
3 Discuss with Attending Physician regarding preference for receiving hospital based on clinical scenario. See Appendix A: Hospital Contact Information. If transfer approval is not promptly obtained, Case Management to contact alternate hospitals to avoid delay.
4 Documentation:
   - “Face sheet”
   - Medical records to include a current reconciled medication list and transfer orders per primary care team
   - Others as appropriate

No

- Inform patient and family that care will continue at MD Anderson
- Manage patient as clinically indicated

Yes

- Case Management or OSA will:
  - Complete the Memorandum of Transfer
  - Ensure proper documentation accompanies patient
  - Notify appropriate nursing unit when the approval to transfer has been obtained along with information such as address and phone numbers for calling clinical report
  - Inform patient and family of accepted transfer

- Inform patient and family of intent to transfer and obtain verbal consent

1 Attending Physician will notify Case Management or OSA via on-call schedule
2 Attending Physician will discuss case with physician at outside hospital
3 Attending Physician will notify patient and family of intent to transfer and obtain verbal consent
4 Documentation:
   - “Face sheet”
   - Medical records to include a current reconciled medication list and transfer orders per primary care team
   - Others as appropriate

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APPENDIX A: Hospital Contact Information

<table>
<thead>
<tr>
<th>Transfers</th>
<th>Neonatal Transports¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Women’s Hospital Transfer Center (713) 795-3000</td>
<td>The Women’s Hospital Transfer Center (713) 795-3000</td>
</tr>
<tr>
<td>Texas Children’s Pavilion for Women (832) 824-5550</td>
<td>Texas Children’s Hospital (832) 824-5550/(877) 770-5550</td>
</tr>
<tr>
<td>Hermann Memorial Hospital (713) 704-2500/2577</td>
<td>Children’s Hermann Memorial Hospital (713) 704-7232/2900</td>
</tr>
<tr>
<td>Ben Taub Hospital Transfer Center (713) 873-8601</td>
<td></td>
</tr>
<tr>
<td>UTMB – All campuses (1-(800) 962-3648)</td>
<td></td>
</tr>
</tbody>
</table>

¹ Must be coordinated with the accepting transfer center prior to coordinating transport
# APPENDIX B: Apgar Score

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin color</td>
<td></td>
<td>Normal color all over</td>
<td>Normal color but hands and feet are bluish</td>
<td>Bluish-gray or pale all over</td>
</tr>
<tr>
<td>Heart rate (HR)</td>
<td></td>
<td>HR &gt; 100 beats per minute</td>
<td>HR &lt; 100 beats per minute</td>
<td>No pulse</td>
</tr>
<tr>
<td>Reflexes</td>
<td></td>
<td>Pulls away, sneezes, coughs, or cries when stimulated</td>
<td>Facial grimace only when stimulated</td>
<td>No response when stimulated</td>
</tr>
<tr>
<td>Muscle tone</td>
<td></td>
<td>Active, spontaneous movement</td>
<td>Arms/legs flexed with little movement</td>
<td>No movement, limp</td>
</tr>
<tr>
<td>Breathing rate and effort</td>
<td></td>
<td>● Normal rate and effort</td>
<td>● Slow or irregular breathing</td>
<td>No breathing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Good cry</td>
<td>● Weak cry</td>
<td></td>
</tr>
</tbody>
</table>

Combine the score from each category for a total Apgar score between 0-10
SUGGESTED READINGS


MD Anderson Institutional Policy # CLN0582 – Management of Pregnant Patients with Cancer Policy

MD Anderson Institutional Policy # CLN0614 – Transfer of patients to, from and Within MD Anderson Cancer Center Policy

MD Anderson Institutional Policy # CLN3280 – Emergency Medical Screening Examination, Stabilization, and Appropriate Transfers Policy
This practice consensus statement is based on majority opinion of the Emergent Triage/Transfer Process workgroup experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

- Angela Bailey (Managed Care and Financial Clearance)
- Patricia Brock, MD (Emergency Medicine)
- Robert (Tom) Drew, MBA, RN (Nursing – Acute Cancer Care Center)
- Wendy Garcia, BS
- Marina George, MD (General Internal Medicine)
- Petra Grami, DNP, RN (Nursing Administration)
- Amanda Hamlin, MS, PA-C (Houston Area Locations)
- Angela Hayes-Rodgers, MBA (Off-Shift Administration)
- Colleen, Jernigan, PhD, RN (Nursing Administration)
- Danielle Milling, MSN, RN (Acute Cancer Care Center)
- Andrea Milbourne, BA, MD, MS (Gynecologic Oncology & Reproductive Medicine)
- Karen Plexman, MSN, RN (Emergency Readiness)
- Regina Smith, MSN, MBA, RN (Houston Area Locations)
- Donna Ukanowicz, MS, RN, ACM (Case Management)
- Delmy Vesho, MSN, RN (Nursing Administration)
- Marian Von-Maszewski, MD (Critical Care & Respiratory Care)
- Mary Lou Warren, DNP, APRN, CNS-CC
- Suzanne M. Wilson, BSN, DBA, RN (Case Management)

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