

Amniotic Fluid Embolism Checklist, Initial Management

Note: the checklist should be modified to fit facility specific circumstances

Manage circulatory collapse

- CAB's: manage circulation, airway, and breathing
- Designate a timekeeper to call out times at 1 min intervals
- If no pulse, start CPR
 - Manually displace uterus or lateral tilt
 - Use backboard
- Move to operating room only if this can be accomplished in 2 minutes or less
- If no pulse by 4min, START peri-mortem cesarean delivery (resuscitative hysterotomy)
 - Splash prep only, do not wait for antibiotics
 - Goal is to improve chances of resuscitation

Anticipate uterine atony, DIC, hemorrhage

- Oxytocin prophylaxis plus other uterotonics as needed
- Consider intraosseous line if needed for large-bore IV access
- Initiate massive transfusion protocol
 - B Cryoprecipitate preferred over FFP to reduce volume overload
 - Consider thromboelastometry, if available
- Tranexamic acid (1g IV over 10 min) if DIC or hemorrhage occurs

Manage Pulmonary Hypertension and Right Ventricular Failure (anesthesiology, Critical Care, or Cardiology)

- Consider echocardiography (thoracic or esophageal)
- Avoid fluid overload (i.e. 500mL boluses and reassess)
- Vasopressor if needed: norepinephrine 0.05-3.3mg/kg/min
- Inotropes if needed:
 - Dobutamine 2.5-5.0mg/kg/min or
 - Milrinone 0.25-0.75mg/kg/min
- Pulmonary vasodilator if needed to unload right ventricle
 - Inhaled nitric oxide 5-40ppm or
 - Inhaled epoprostanol 10-50ng/kg/min or
 - IV epoprostanol 1-2ng/kg/min (via central line) or
 - Sildenafil 20mg orally (if awake/alert)
- Consider ECMO if prolonged CPR or refractory right heart failure
- Wean FiO₂ to maintain O₂ Saturation 94% to 98%

Post-event debriefing (entire team)

- Identify opportunities for improvement including any need for revisions to checklist
- Discuss family and staff support needs
- Report case to Amniotic Fluid Embolism Registry