

Name:	Amy Chapman	Observations at start	CRT:	2s	
D.O.B.	19/08 (38 years)	RR:	18	Temp:	36.8
Address:	(Insert local address)	ETCO2:	Not measured	BM:	7.6
		Sats:	99%	Weight:	98Kg
Hospital ID:	884 561 6341	Heart rate:	80	Allergy	NKDA
Ward:	Maternity assessment	BP:	195/110		
Background to scenario		Specific set up			
A 38 year old primip presents to maternity assessment hypertensive and confused. She goes on to develop an eclamptic seizure. If done in situ, discussions can be had around where to get specific drugs and equipment		Pregnant mannequin (not cannulated) +/- partner In dark room (photophobic patient) Equipment for IV access, bloods Emergency trolley (as per local protocol) Tendon hammer Specific drugs – Mg, lorazepam (as available in this environment)			
Required embedded faculty/actors		Required participants			
Pregnant woman (voice) Midwife Obstetric junior		Anaesthetist Midwife, obstetric team can be participants in MDT sim			
Past Medical History					
38 year old primip, 30/40. Last midwife appointment was told BP was 'borderline' Headache all day, dull-achey, mainly frontal. Slightly blurred vision + photophobia (prefers to have lights off), advised by midwife to come for assessment Previously fit and well, no anaesthetics in the past, Airway MP III, normal neck and jaw movement, no loose teeth, thyromental distance >6cm					
Drugs Home			Drugs Hospital		
Nil regular			Nil yet		
Brief to participants					
You have been asked to help review a patient in the maternity assessment unit as the obstetric team are busy delivering a patient in a labour room. A junior obstetric SHO has been sent to assess as well.					
Scenario Direction					
Stage 1, 0– 5 minutes Initial assessment					
A	Patent				
B	(Observations not connected) RR 18, sats 9% on RA				
C	HR 80 BP 195/110.				
DE	Slightly confused – ask slightly inappropriate questions, headache, blurred vision, photophobia Brisk reflexes Urine dip (if asked) +++ CTG normal – done 1 hour ago Bloods Hb 105, UE normal, Clotting normal – done 2 hours ago.				
Rx	Information gathering, systematic assessment, differential diagnosis Instigate initial treatment for hypertension				
Stage 2, 5–10 minutes Seizure					
A	Obstructed				
B	RR difficult to assess, sats 91% on RA				
C	HR and BP difficult to monitor due to movement				
DE	Tonic clonic seizure that lasts 1 minute (self terminating) VBG during/post seizure pH 7.33 HCO 23 BE -1.0 lac 3.5 glu 7.6				
Rx	A-E assessment, airway management with maternal considerations Differentials: eclampsia, epilepsy, intracranial lesions/haemorrhage, hypoglycaemia, drug toxicity/withdrawal, infective causes – meningitis Treat eclampsia – (use local protocols) Mg, anti-hypertensives				
Stage 3, 10– 15 minutes					
A	Patent, drowsy, answer questions with single word				
B	RR 16, sats 92% on RA, 100% on oxygen				
C	HR 90 BP 160/95				
DE	Drowsy but slowly improving				

Rx	CTG monitoring Discuss transfer to safe place for monitoring Discuss mode and timing of delivery with MDT	
Guidelines		
Local eclampsia and pre-eclampsia guidelines OAA Obstetric Anaesthesia Handbook https://www.oaa-anaes.ac.uk/assets/managed/cms/files/Clinical%20Guidelines/Pre-eclampsia%20-%20UHCW%202020.pdf BJA Update on hypertensive disorders in pregnancy https://www.bjaed.org/article/S2058-5349(20)30114-1/pdf		
Guidance for Patient Role		
Opening lines/questions/cues/key responses Be vague with history with some inappropriate comments (confusion)	Relevant HPC / PMH History as above	
Concerns Why do I feel like this Is the baby ok?	Partner Concerned about mother and baby Involved but not obstructive	
Guidance for obstetrician role	Guidance for Midwife	
Initially busy delivering patient Once seizure starts support in person, support MDT decision making	Opening lines/questions/cues/responses/Concerns Handover known history Worried about patient Worried about looking after patient in the assessment unit	
Actions	Actions Observations, locating equipment, supporting during resuscitation	
Guidance for Role e.g. ITU/Anaesthetic Senior	Additional challenges	
Expectations/actions Support depending on the level of the participants	Change scenario to patient in labour in a pool requiring evacuation Difficult IV access Non-English speaker	
Session Objectives		
Clinical	Management of pre-eclampsia and eclampsia (If Insitu) Management of an emergency in an assessment unit	
Non-technical skills		
Teamworking	Coordinating management with an MDT, exchanging information, assessing capabilities and utilising team members appropriately	
Task management	Planning and preparing for next steps. Prioritising, utilising guidelines, identifying resources available to treat condition especially in non-theatre environment	
Situational awareness	Gathering information on arrival, recognising critically unwell obstetric patient, escalating and anticipating next steps	
Decision making	Identifying options and balancing risks and benefits of treatment options and transfers, continuous re-evaluation	

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