LEARNING OBJECTIVES

- Effective team working and communication
- Use of SBAR to communicate
- Coordinating initial resuscitation and preparation for theatre
- Understanding nature of Abruption, likelihood of coagulopathy
- Management of Massive Obstetric Haemorrhage

SCENARIO

APH- Abruption

EQUIPMENT LIST

<table>
<thead>
<tr>
<th>Item</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noelle/SimMOM</td>
<td>Fake blood</td>
</tr>
<tr>
<td>Fluids / giving sets</td>
<td>Blood Request Forms</td>
</tr>
<tr>
<td>IVC/blood Bottles</td>
<td>GA drug box</td>
</tr>
<tr>
<td>PPH red box</td>
<td>Rapid infuser</td>
</tr>
<tr>
<td>Airway trolley</td>
<td>Monitor for manikin</td>
</tr>
<tr>
<td>Baby Hal</td>
<td>Intra operative blood gas result</td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

PERSONNEL

| Minimum: 5          | FACULTY: 4                    |
| Obstetricians 1-2   | Facilitator                  |
| Midwives 1-2        | Observer x2                  |
| Anaesthetics 1-2    | Debrief Lead                 |
| Paediatricians 1-2  |                               |

TIME REQUIREMENTS

- Set up: 30 mins
- Simulation: 20 mins
- Pre Brief: 10 mins
- Debrief: 30 mins

TOTAL 1.5 hours
INFORMATION TO CANDIDATE

PATIENT DETAILS

Name: Jessica Thomas       Phx: Cocaine use
Age: 19                   Allergies: Nil
Weight/BMI: 60kg / 22

SCENARIO BACKGROUND

Location: Labour Ward /theatre transfer
Situation: Primip 35+1 weeks
           Baby Small for gestational age
           32 week scan – small, normal AFI, normal dopplers
           Known Transverse Lie

           Presents with constant abdominal pain and APH of
           1500ml
           (Grandma +/- dad on their way)

Task: Assess patient

RCOG CURRICULUM MAPPING

Module: 10 Management of labour Ward
Management of Obstetric Antepartum Haemorrhage
Safe use of blood products
Maternal Collapse
Liaise with Staff

Developing people for health and healthcare
www.hee.nhs.uk
INFORMATION FOR ROLEPLAYERS

BACKGROUND

NA- patient collapsed and unwell

RESPONSES TO QUESTIONS
INFORMATION TO FACILITATOR

SCENARIO DIRECTION

Recognise large APH and hypovolemic shock, likely abruption.
Initial assessment ABCDE with fluid resuscitation on labour ward, urinary catheter
Initiation of Obstetric Haemorrhage Protocol- HELP 2222
Transfer to theatre once stable after discussions with anaesthetics/obstetricians Fetal bradycardia requiring Category 1 LSCS, maternal stability post resuscitation main goal.
Communicate with Paediatrician
ABG – Hb 60g/dl pre GA, start 2 units of blood 0 negative. Ensure blood bank contacted and 4 units blood enroute by labour ward runner
Safe RSI reduce induction drug dose, continued resuscitation with fluid and blood, Anticipate /check for coagulopathy and communicate with team.
Give FFP / cryopercipitate or communicate with Haematology.
Anticipate PPH- give appropriate tocolytics (oxytocin/ergometrine/Haemobate)

SCENARIO OBSERVATIONS/ RESULTS

<table>
<thead>
<tr>
<th></th>
<th>BASELINE</th>
<th>STAGE 1</th>
<th>STAGE 2</th>
<th>STAGE 3</th>
<th>STAGE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Post initial Resus on LW</td>
<td>Post GA</td>
<td>In OT</td>
<td>Post GA and delivery</td>
<td>Post blood/blood product and PPH drug administration</td>
</tr>
<tr>
<td>RR</td>
<td>30</td>
<td>26</td>
<td>24</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>chest sound</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>SpO2</td>
<td>96%</td>
<td>95%</td>
<td>98%</td>
<td>95%</td>
<td>97% 50% O2</td>
</tr>
<tr>
<td>HR</td>
<td>145</td>
<td>130</td>
<td>140</td>
<td>150</td>
<td>115</td>
</tr>
<tr>
<td>Heart sound</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>BP</td>
<td>80/60</td>
<td>85/65</td>
<td>90/60</td>
<td>75/50</td>
<td>90/60</td>
</tr>
<tr>
<td>Temp</td>
<td>36.5C</td>
<td>36C</td>
<td>36C</td>
<td>36.5C</td>
<td>36C</td>
</tr>
<tr>
<td>Central CRT</td>
<td>4secs</td>
<td>5secs</td>
<td>5secs</td>
<td>4secs</td>
<td>3secs</td>
</tr>
<tr>
<td>GCS/AVPU</td>
<td>P</td>
<td>V</td>
<td>V</td>
<td>U</td>
<td>U</td>
</tr>
</tbody>
</table>

Arterial Gas/Lactate: Hb 60g/L prior to theatre transfer

Fibrinogen result 1.6, PT 15 APPT 32, Plt 200, HB 90 during bleed in theatre

Urine Output 30mls/hr
### SCENARIO DEBRIEF

### TOPICS TO DISCUSS

- Effectiveness of communication and team working.
- Use of SBAR.
- Coordinating initial resuscitation and preparation for theatre – stabilisation prior to GA despite fetal bradycardia
- Understanding pathophysiology of abruption, anticipation of coagulopathy
- Management of massive obstetric haemorrhage - anticipation of PPH
- Techniques for difficult delivery of transverse lie
- Consultant involvement
- Safe use of blood products - involve haematology

### REFERENCES

- RCOG Green-top Guideline Antepartum Haemorrhage No. 63 Nov 2011
- RCOG Green-top Guideline Prevention and Management of Postpartum Haemorrhage 2009