LEARNING OBJECTIVES

Management of Maternal Collapse- ABCDE Approach
List differential diagnosis
Be aware of acute management of PE
Communication with SBAR

SCENARIO

Maternal Collapse- PE

EQUIPMENT LIST

Noelle/ SimMom
Fluids / giving sets
Fake hand held notes
ODP grab bag

Arrest trolley
GA drug box for T/F to theatre
IVC packs/Blood Bottles
Monitor for manikin

PERSONNEL

MINIMUM: 5
ROLES:
Obstetric Junior/Reg
Midwife
Anaesthetic Reg/Cons
Obstetric Consultant

FACULTY

MINIMUM: 3
Facilitator
Observer
Debrief Lead

TIME REQUIREMENTS

TOTAL 1.5 hours

Set up: 30 mins
Pre Brief: 10 mins
Simulation: 15 mins
Debrief: 30 mins
INFORMATION TO CANDIDATE

PATIENT DETAILS

Name: Erica Jones  Phx: Varicose Veins
Age: 32  Allergies: Nil
Weight/BMI: 90kg/38  Smoker

SCENARIO BACKGROUND

Location: Labour Ward
Situation: Erica has just had a forceps delivery of her 2nd baby. 3rd stage is complete, and the ST1 is suturing a small second degree tear. Her epidural is working well. She starts to feel unwell with chest pain and shortness of breath. She then collapses and is unresponsive.
Task: Attend the obstetric emergency call
       Take hand over from the team
       Manage the collapsed patient

RCOG CURRICULUM MAPPING

Module 10 Management of Labour:
   Manage Obstetric Collapse
   Liaise with other staff
Advanced Training Skills Module:
   Advanced Labour Ward Practice

Developing people for health and healthcare
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INFORMATION FOR ROLEPLAYERS

BACKGROUND

Your name is Erica Jones. You are 32 years old. You have just had a forceps delivery of your second child. You had a good working epidural. You are normally well, but are overweight and smoke. You have had varicose veins in this pregnancy. You have no allergies and have not had any operations.

You begin to feel unwell and anxious 5 minutes after you baby is born. You have chest pain and feel short of breath. Once you mention these to the team you collapse and become unresponsive.

RESPONSES TO QUESTIONS

unresponsive
SCENARIO DIRECTION

A: Compromised snoring – clears with airway maneuvers and OP airway
B: Agonal gasping AE equal and vesicular (See obs chart below)
C: Pale
D: Flexing to pain, pupils equal
E: Small amount of bleeding from 2nd degree tear, EBL 500ml, uterus contracted, no rashes

Cardiac arrest PEA STAGE 1
VF after adrenaline, oxygen and fluids STAGE 2
Sinus tachycardia after defibrillated STAGE 3

Interventions
STachy  Assess ABCDE
        Airway maneuvers and Guedel, BVM assist respiration, Get ready to intubate (ODP equipment, capnography)
        Uterine displacement – immediate postnatal period
        Establish ECG monitoring, BP, P, Sp02, RR
        IV access and fluid bolus
        Support BP (phenylepherine bolus)

Patient stops breathing and arrests

PEA  Check patient confirm cardiac arrest start CPR 30:2
     Call for cardiac arrest team and consultants on call
     Confirm rhythm
     2 minutes CPR (30:2)
     Intubate / Ventilate / Capnography
     Adrenaline 1mg IV every 3 – 5 minutes
     Exclude likely reversible causes: 4Hs & 4 T’s

VF  Check monitor / confirm rhythm
    1st shock at 120J
    2 minutes CPR continuous
    Regains output =>

STachy  Check monitor and rhythm
        Check patient ABCDE
**Stabilisation:** Ventilation, inotropes, invasive monitoring  
Post resuscitation investigations: =>  
bloods, 12 lead ECG, bedside Echo, CTPA

Critical care involvement: Obstetric / anaesthetic / critical care discussion of likely diagnosis  
Consider PE: potential treatments- unfractionated heparin IV vs thrombolytic therapy urgent discussion with medical teams

Transfer to ITU SBAR

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**SCENARIO OBSERVATIONS/ RESULTS**

<table>
<thead>
<tr>
<th></th>
<th>BASELINE</th>
<th>STAGE 1 PEA</th>
<th>STAGE 2 VF</th>
<th>STAGE 3 SINUS TACHY</th>
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<td>U</td>
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SCENARIO DEBRIEF

TOPICS TO DISCUSS

Management of cardiac arrest in an obstetric patient
   Differences to non-obstetric adult
   Uterine displacement – required in immediate postnatal

Review of ALS algorithm / RCOG version

Management of patient post arrest e.g. bloods, ECG, ITU, CTPA

Management of massive PE

REFERENCES

Maternal Collapse in Pregnancy and the Puerperium, Green Top Guideline No.56 Jan 2011 RCOG Press

Thromboembolic Disease in Pregnancy and the Puerperium: Acute Management, Green Top Guideline No.37b April 2015 RCOG Press