## LEARNING OBJECTIVES

- Effective team working and communication between teams
- Use of SBAR to communicate
- Coordinating initial resuscitation and preparation for theatre
- Understanding the definition of Sepsis
- Ask for appropriate investigations
- Appropriate Escalation and decision to transfer to critical care

## SCENARIO

Sepsis: 36/40 Prolonged Rupture of Membranes

## EQUIPMENT LIST

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noelle/SimMom/Mannequin</td>
<td>Blood Culture Bottles</td>
</tr>
<tr>
<td>Monitoring BP/Pulse oximeter</td>
<td>Blood Bottle syringe/needle</td>
</tr>
<tr>
<td>Syntocinon Infusion</td>
<td>Antibiotics</td>
</tr>
<tr>
<td>CTG</td>
<td>Fluids/Giving Set</td>
</tr>
</tbody>
</table>

## PERSONNEL

**MINIMUM: 4**
- Midwife
- Obstetric ST/Cons
- Anaesthetic ST/Cons
- Paediatric ST/Cons

**FACULTY**
- MINIMUM 3
- Partner/Observer
- Facilitator
- Debrief Lead

## TIME REQUIREMENTS

- **TOTAL 1.5 hours**
  - Set up: 30 mins
  - Simulation: 20 mins
  - Pre Brief: 10 mins
  - Debrief: 30 mins

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INFORMATION TO CANDIDATE

PATIENT DETAILS
Name: Jessica Smith  Phx: nil
Age: 35  Allergies: nil
Weight/BMI: 120kg/42

SCENARIO BACKGROUND
Location: Labour Ward
Situation: Primip 36weeks gestation premature pre labour rupture of membranes PPROM- IOL
On oxytocin infusion contracting 3-4/10, 5cm dilated. Effective Epidural
Temperature 39.2C HR 135 BP 90/60mmHg
Midwife has asked for an obstetric registrar review

RCOG CURRICULUM MAPPING
Module 10 Management of Labour Ward
SCENARIO DIRECTION

Identification of sepsis and septic shock
Initial assessment ABCDE
Initiation of sepsis six in room:
High flow oxygen, blood cultures, broad spectrum IV antibiotics, IV fluid challenge, Lactate and Hb, hourly urine measurements
Investigations and treatment:
Venous and arterial blood gas
Escalation to senior trainee or Consultant
Review of CTG when mother more stable - decision for section - end scenario
Recognising signs of referral to critical care team
Teamwork and communication between specialties

SCENARIO OBSERVATIONS/ RESULTS

<table>
<thead>
<tr>
<th></th>
<th>BASELINE</th>
<th>STAGE 1 Initial resus</th>
<th>STAGE 2 Decision for section</th>
<th>STAGE 3 At the end of the C/S</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td>25</td>
<td>24</td>
<td>28</td>
<td>24</td>
</tr>
<tr>
<td>chest sound</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>SpO2</td>
<td>98%</td>
<td>98%</td>
<td>95%</td>
<td>97% on 4 L of O₂</td>
</tr>
<tr>
<td>HR</td>
<td>135</td>
<td>130</td>
<td>110</td>
<td>115</td>
</tr>
<tr>
<td>Heart sound</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>BP</td>
<td>90/60</td>
<td>90/55</td>
<td>100/60</td>
<td>110/60</td>
</tr>
<tr>
<td>Temp</td>
<td>39.2</td>
<td>38</td>
<td>38.2</td>
<td>38.2</td>
</tr>
<tr>
<td>Central CRT</td>
<td>&lt;2</td>
<td>3 secs</td>
<td>5 secs</td>
<td>3 secs</td>
</tr>
<tr>
<td>GCS/AVPU</td>
<td>A</td>
<td>V</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Arterial Gas/Lactate: 4.5mmol

CTG Findings:
Uncomplicated fetal tachycardia BR 175 bpm occasional accelerations and good variability

Following septic screen four minute bradycardia which recovers and is followed by reduced variability
SCENARIO DEBRIEF

TOPICS TO DISCUSS

Effectiveness of communication and team working
Use of SBAR.
Initial recognition and management of sepsis
Sepsis Six and Golden hour concept
Coordinating initial resuscitation and preparation for theatre
Recognition and management of an acutely septic patient
Epidural vs general Anaesthetic
Timing of delivery

REFERENCES


2. RCOG Green Top Guideline: Bacterial Sepsis in Pregnancy. NO. 64a April 2012