

## SCENARIO

Sepsis: 36/40 Prolonged Rupture of Membranes

## 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

## EQUIPMENT LIST

|                              |                             |
|------------------------------|-----------------------------|
| Noelle/SimMom/Mannequin      | Blood Culture Bottles       |
| Monitoring BP/Pulse oximeter | Blood Bottle syringe/needle |
| Syntocinon Infusion          | Antibiotics                 |
| CTG                          | Fluids/Giving Set           |

## PERSONNEL MINIMUM: 4

Midwife  
Obstetric ST/Cons  
Anaesthetic ST/Cons  
Paediatric ST/Cons

## FACULTY MINIMUM 3

Partner/Observer  
Facilitator  
Debrief Lead

## TIME REQUIRMENTS

TOTAL 1.5hours

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

## INFORMATION TO CANDIDATE

### PATIENT DETAILS

Name: Jessica Smith  
Age: 35  
Weight/BMI: 120kg/42

Phx: nil  
Allergies: nil

### 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

## INFORMATION TO FACILITATOR

### 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

|             | BASELINE | STAGE 1<br>Initial<br>resus | STAGE 2<br>Decision for<br>section | STAGE 3<br>At the end of the C/S |
|-------------|----------|-----------------------------|------------------------------------|----------------------------------|
| RR          | 25       | 24                          | 28                                 | 24                               |
| chest sound | Normal   | Normal                      | Normal                             | Normal                           |
| SpO2        | 98%      | 98%                         | 95%                                | 97% on 4 L of O <sub>2</sub>     |
| HR          | 135      | 130                         | 110                                | 115                              |
| Heart sound | Normal   | Normal                      | Normal                             | Normal                           |
| BP          | 90/60    | 90/55                       | 100/60                             | 110/60                           |
| Temp        | 39.2     | 38                          | 38.2                               | 38.2                             |
| Central CRT | <2       | 3 secs                      | 5 secs                             | 3 secs                           |
| GCS/AVPU    | A        | V                           |                                    |                                  |

**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

1. Dellinger RP, Levy MM, Carlet JM, Bion J, Parker MM, Jaeschke R et al. Surviving Sepsis Campaign: International guidelines for management of severe sepsis and septic shock. *Crit Care Med* 2008;36:296–327