LEARNING OBJECTIVES

Effective team working and communication
Use of SBAR
Co-ordinating initial resuscitation and preparation for theatre
Management of Haemorrhage

SCENARIO

Splenic artery aneurysm rupture

EQUIPMENT LIST

Noelle/ SimMom
Baby Hal/ baby
Fluids / giving sets
Fake hand held notes
ODP grab bag
Fake blood/stained sheets

Arrest trolley
Phone
GA drug box for T/F to theatre
IVC packs/IO gun /Blood Bottles
Monitor for manikin
Rapid infuser

PERSONNEL

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

FACULTY

MINIMUM: 3
Facilitator
Observer
Debrief Lead

TIME REQUIREMENTS

TOTAL 1.5 hours

Set up: 30 mins
Pre Brief: 10 mins
Simulation: 20mins
Debrief: 30mins
INFORMATION TO CANDIDATE

PATIENT DETAILS

Name: Sarah Smith                      Phx: Fit and well
Age: 25                                Allergies: Nil
Weight/BMI: 60kg/22                     G1P0  35 weeks

SCENARIO BACKGROUND

Location: Labour Ward

Situation: Awaiting ambulance service after pre-alert call. A 35 week pregnant female is on route having experienced sudden onset of severe abdominal pain. She has become unresponsive in the ambulance.

Task: Prepare for the patient’s arrival and manage accordingly

RCOG CURRICULUM MAPPING

Module 12 Postpartum Problems:
Intra-abdominal haemorrhage non-obstetric
Advanced Training Skills Module:
Advanced Labour Ward Practice
Resuscitation
Communication, team working and leadership skills
INFORMATION FOR ROLEPLAYERS

BACKGROUND

Partner following in car

RESPONSES TO QUESTIONS

N/A patient unresponsive
**INFORMATION TO FACILITATOR**

**SCENARIO DIRECTION**

Candidate to prepare MDT/ equipment for patient’s arrival
Discuss delegation of roles to team
Discuss patient location – consider direct admission to theatre.
Receive SBAR handover from ambulance crew  (STAGE 1 obs)

**ABCDE Assessment**
White, cool to touch
A: Tolerating Guedel, O2 via facemask
B: shallow breathing
C: weak central pulse, NIBP not recording
D: GCS 3, PERAL
E: Abdo distended and firm, USS portable FH profound bradycardia

Bedside haemacue Hb 50g/L

Declare obstetric Emergency 2222
Request consultant obstetrician/anaesthetist to attend
Inform pediatricians
IV access – completely shut down IO access
CX 6 units, FBE, Coags, LFTS, U&E

Fluid Resuscitation and O-ve blood  (STAGE 2 obs)
Call haematology  (Blood Gas result)
Decision for emergency section
Careful induction of GA
Routine Lower Segment Caesarean Section- bleeding not from obstetric source, 2L haemoperitoneum.  (STAGE 3 obs)
Thorough examination to reveal source- ruptured splenic aneurysm
Call for additional surgical help- General surgery, Vascular Surgery, Interventional radiology.- using SBAR.
Temporary control of bleeding with pressure.
End Scenario
## Scenario Observations/Results

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Stage 1 2L Fluids 2 RBC</th>
<th>Stage 2 GA</th>
<th>Stage 3 Sinus Tachy</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td>30</td>
<td>25</td>
<td>14 (vent)</td>
<td>14 (vent)</td>
</tr>
<tr>
<td>Chest Sound</td>
<td>Tachy</td>
<td>Tachy</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>SpO2</td>
<td>Not recorded</td>
<td>92%</td>
<td>97%</td>
<td>97%</td>
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<tr>
<td>HR</td>
<td>135</td>
<td>130</td>
<td>135</td>
<td>125</td>
</tr>
<tr>
<td>Heart Sound</td>
<td>Tachy</td>
<td>Tachy</td>
<td>Tachy</td>
<td>Tachy</td>
</tr>
<tr>
<td>BP</td>
<td>Not recorded</td>
<td>85/40</td>
<td>85/40</td>
<td>88/40</td>
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<tr>
<td>Temp</td>
<td>35.9</td>
<td>35.8</td>
<td>36.4</td>
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<tr>
<td>Central CRT</td>
<td>5 secs</td>
<td>5 secs</td>
<td>4 secs</td>
<td>4 secs</td>
</tr>
<tr>
<td>GCS/AVPU</td>
<td>U</td>
<td>U</td>
<td>GA</td>
<td>GA</td>
</tr>
</tbody>
</table>

Blood Gas Result:  
- pH 7.11  
- pO2 12.0  
- pCO2 5.6  
- BE -7  
- Lactate 6
SCENARIO DEBRIEF

TOPICS TO DISCUSS

Discuss importance of pre planning when advanced warning of emergency admission

Differential diagnosis of non-obstetric haemorrhage

Further management of splenic artery aneurysm rupture
  -Consider midline laparotomy if intra abdominal haemorrhage suspected

Likely sequelae of massive haemorrhage- DIC

REFERENCES