

Name:	Eleanor Griffiths	Observation at start		CRT:	2s
D.O.B:	23/11 (33Y)	RR:	12	Temp:	36.9
Address:	(Insert local address)	ETCO2:	4.3	BM:	6.3
		Sats:	99% on 50%	Weight:	Booking 70kg
Hospital ID:	K176482	Heart Rate:	85	Allergy	NKDA
Ward:	Labour ward	BP:	100/50		
Background to scenario			Specific set up		
A patient with a history of APH in spontaneous labour is taken to theatre for a foetal bradycardia. She is found to have a placental abruption which leads to a PPH.			Mannequin in theatre, intubated Cannulated with fluids running as local policy Draped, surgery started Blood and suction available for start		
Required embedded faculty/actors			Required participants		
ODP Obstetrician Scrub practitioner			Anaesthetists Can be extended to MDT sim		
Past Medical History					
Childhood asthma, otherwise well 36+4/40 G1P0. 2x APH – assessed in ABC and discharged No previous anaesthetics, reflux in pregnancy Hb 99, WCC 11.2, Plt 250					
Drugs Home			Drugs Hospital		
Inhalers in childhood Pregnancy vitamins only			GA drugs – following local protocols Anaesthetised sufficient for surgery to start		
Brief to participants					
You are the anaesthetist on labour ward Eleanor Griffiths is 36+4/40. She has had 2 previous episodes of APH but discharged after assessment. She went into spontaneous labour, at 8cm cervical dilatation she had a foetal bradycardia and a Cat 1 section was called. She had a GA, was intubated and surgery has just begun.					
Scenario Direction					
Stage 1, 0– 5 minutes					
A	Intubated				
B	Ventilating with appropriate mode, sats 99% on FiO2 0.5 ETCO2 4.3				
C	HR 85, BP 100/55, IV fluids infusing.				
DE	Sedated on sevoflurane (MAC>1) or local protocol. Abruption found as surgery is started				
Rx	Awareness of potential for abruption and PPH Recognition of potential PPH by MDT and communication to all members of the team Planning resuscitation, call for help, consider setting up cell salvage				
Stage 2, 5–10 minutes					
A	Intubated. Ventilating with appropriate mode, sats 99% on FiO2 0.5				
B	HR 120, BP 85/43				
C	Consideration of depth of anaesthesia				
DE	Baby delivered, EBL 1.5-2L quickly				
Rx	Declare PPH/MOH, call for appropriate help, consider cause of PPH 2 wide bore IV access points, bloods (FBC, clotting, fibrinogen), POC tests TXA, Ca, oxytocics – oxytocin, ergometrine, Carboprost (history of asthma – decide risks vs benefits) Fluid/blood resuscitation as per local policy, active warming Maintain constant communication with obstetric team Consideration of post op destination Simulation can run with a concurrent neonatal resuscitation to increase challenge, need for communication and MDT approach				

Guidelines	
F Plaat, BA MBBS FRCA, A Shonfeld, MBBS FRCA, Major obstetric haemorrhage, <i>BJA Education</i> , Volume 15, Issue 4, August 2015, Pages 190–193, https://doi.org/10.1093/bjaceaccp/mku049 Mavrides E, Allard S, Chandraharan E, Collins P, Green L, Hunt BJ, Riris S, Thomson AJ on behalf of the Royal College of Obstetricians and Gynaecologists. Prevention and management of postpartum haemorrhage.BJOG 2016;124:e106–e149	
Guidance for ODP role	Guidance for other roles
Can keep quiet about findings and ongoing blood loss Can become task focussed, not recognising need for escalation	Support with neonatal management Scribing, making calls, other necessary roles
Guidance for Role e.g. ITU/Anaesthetic Senior	Guidance for other role
Competent but lacking initiative	Can make lots of noise to make scenario more challenging
Other potential challenges	
A neonatal resuscitation can be required of the baby which will divide resources and require an MDT approach	
Session Objectives	
Clinical	Management of PPH Management of placental abruption
Non-technical skills	
Teamworking	Coordinating team activity, exchanging information with MDT, using assertiveness, appropriate delegation and supporting colleagues
Task management	Planning and preparing, prioritising, identifying and utilising resources appropriately
Situational awareness	Gathering information on entering, recognising critical incident, anticipating events
Decision making	Identifying options for management, balancing risks, continuous re-evaluation