Category 1 Caesarean Section

IAOC Simulation

Name:	Natalie Brown	**Observation at start**		**CRT:**	2s
D.O.B.	02/06 (26 years)	**RR:**	20	**Temp:**	36.4
Address:	(Insert local address)	**ETCO2**	-	**BM:**	5.6
		Sats:	98%	**Weight:**	102Kg
Hospital ID:	398 5516 735	**Heart Rate:**	110	**Allergy**	NKDA
Ward:	Labour ward	**BP:**	105/65		

Background to scenario	Specific set up
A patient with an epidural inserted has a prolonged foetal bradycardia requiring a category 1 LSCS. The epidural top up is patchy/GA is induced. An unanticipated difficult airway is encountered.	Intubatable mannequin, attached to oxytocin Epidural inserted and associated paperwork CTG showing bradycardia If insitu – starting in labour room, progress to theatre Airway equipment, induction drugs
Required embedded faculty/actors	**Required participants**
Patient (voice) Midwife (could be participant) Obstetrician (could be participant) ODP	Anaesthetist Midwife/Obstetrician could be participants in MDT sim

Past Medical History

Previously fit, 102kg, no concerns during pregnancy 37/40.
Spontaneous rupture of membranes but slow to progress, started oxytocin infusion. 6cm on last VE 30 mins ago
Epidural inserted 3h ago, working well. Pain eased, no motor block
Midwives and obstetricians concerned about foetal bradycardia lasting >5min, for category 1 LSCS
Airway: MP III, short neck, normal mouth opening, Normal neck and jaw movement, thyromental distance 4cm

Drugs Home	Drugs Hospital
Pregnancy vitamins only	Oxytocin infusion – as local protocol Epidural infusion – as local protocol

Brief to participants

Natalie Brown has been booked for a category 1 Caesarean section for a foetal bradycardia.
She has had an epidural inserted 3 hours ago, it is working well. Please assess and proceed

Scenario Direction

Stage 1, 0– 5 minutes Assessment and decision making	
A	Patent, talking.
B	RR 20 sats 98%
C	HR 110 BP 105/65
DE	CTG foetal bradycardia, Epidural in situ. Slight pain during contractions. Distressed by sudden deterioration
Rx	Pre-op assessment and consent. Decision for mode of anaesthesia with MDT input Intrauterine foetal resuscitation? Transfer to theatre
Stage 2, 5–10 minutes If epidural topped up	
	Observations remain static
	Epidural is slow to top up/patchy block. Patient can be distressed depending on confidence of participants
	CTG continues to show bradycardia
Rx	Decision to proceed with GA with MDT input Call for help depending on confidence level and local protocol Patient explanation and preparation – communication, planning
Stage 3, 10– 15 minutes GA/difficult airway	
A	Difficult airway- success at a suitable stage of DAS algorithm 1, 2 or 3
B	Sats drop if not ventilated
C	HR rises to 140 if no opioid given or if anaesthesia not maintained, BP rises to 150/85 HR drops if prolonged hypoxia
DE	Suitable options for maintaining anaesthesia
Rx	Management of difficult airway in obstetrics Calling for appropriate help MDT discussions re continuing with proceeding with surgery and post-op care

Guidelines

DAS Guidelines for the management of difficult and failed tracheal intubation in obstetrics – 2015
https://das.uk.com/guidelines/obstetric_airway_guidelines_2015

Guidance for Patient Role

Opening lines/questions/cues/key responses	Relevant HPC / PMH
What is happening! Will my baby be ok? Keen to be present for birth of baby	37/40, otherwise fit, no concerns in pregnancy Spontaneous rupture of membranes Epidural inserted 3 hours ago, working reasonably well
Concerns	Actions
Concerns for safety of baby	Distressed if not being listened to
Guidance for ODP role	**Guidance for Obstetrician roles**
Actions	Declare Cat 1 LSCS
Support with difficult airway management Competent but does not anticipate needs	Concerned about continued foetal bradycardia Support MDT discussions
Guidance for Role e.g. ITU/Anaesthetic Senior	**Guidance for Midwife role**
Expectations/actions	Concerned about foetal bradycardia
Can assist depending on participant confidence and local protocol. Ask participant what support is required	Support with patient history and bloods if required

Session Objectives

Clinical	Management of Category 1 Caesarean section Management of rapid epidural top up If in-situ – availability and location of medication, monitoring and safe transfer Management of difficult airway in Obstetrics
Non-technical skills	
Teamworking	Coordinating team, exchanging information, using authority and assertiveness
Task management	Continuous planning, following standards, identifying and utilising resources
Situational awareness	Gathering information, anticipating
Decision making	Identifying options, balancing risks and selecting options, re-evaluating