

Category 1 Caesarean Section

	Name:	Natalie Brown	Observa	tion at star		CRT:	2s
	D.O.B.	02/06 (26 years)	RR:	2)	Temp:	36.4
	Address:	(Insert local address)	ETCO2	-		BM:	5.6
			Sats:	9	3%	Weight:	102Kg
	Hospital ID:	398 5516 735	Heart Ra		10	Allergy	NKDA
	Ward:	Labour ward	BP:	1)5/65		
<u>^</u>		Background to scenario				Specific set up	
foe epie una	tal bradycar dural top up inticipated c	n epidural inserted has a p dia requiring a category 1 l is patchy/GA is induced. A lifficult airway is encountere red embedded faculty/act	LSCS. The n ed.	Epidural CTG shov If insitu –	nserted a ving brad starting in quipment Rec	nd associated ycardia	progress to theatr
	stetrician (co	pe participant) puld be participant)	DectMadia	sim	Obstetrici	an could be p	articipants in MD ⁻
Dra		2kg, no concerns during pre	Past Medica				
Epic Mid	dural inserted wives and ol vay: MP III, sh	pture of membranes but slo d 3h ago, working well. Pair bstetricians concerned abo nort neck, normal mouth op	n eased, no mo out foetal brac	otor block dycardia la	sting >5m jaw mov	in, for categor ement, thyrom	ry 1 LSCS nental distance
		Drugs Home				Drugs Hospital	
Preg	gnancy vitar	nins only				as local proto as local protoc	
					103011 - 0	is local protoc	
			Brief to part	l ·			
Nat	alie Brown h	as been booked for a cate	Brief to part	ticipants			
		as been booked for a cate epidural inserted 3 hours a	gory 1 Caesar	ticipants rean sectio	n for a fo	etal bradycard	
			gory 1 Caesar go, it is working	ticipants rean sectic g well. Plea	n for a fo	etal bradycard	
		epidural inserted 3 hours a	gory 1 Caesar go, it is working Scenario D	ticipants rean sectic g well. Plea virection	n for a fo se assess	etal bradycard and proceed	
She	has had an	epidural inserted 3 hours a Stage 1, 0- 5 mi	gory 1 Caesar go, it is working Scenario D	ticipants rean sectic g well. Plea virection	n for a fo se assess	etal bradycard and proceed	
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	Guidance for	Dationt
Opening lines/questions/		Releval
What is happening!	cues/key lesponses	37/40, c
Will my baby be ok?		Sponta
Keen to be present for bi	irth of haby	Epidura
Reen to be present for bi		well
Concerns		Actions
Concerns for safety of ba	aby	Distress
Guidance for ODP role		Guidar
Actions		Declare
Support with difficult airw		Conce
Competent but does not	t anticipate needs	Suppor
Guidance for Role e.g. I	TU/Anaesthetic Senior	Guidar
Expectations/actions		Conce
Can assist depending on	n participant confidence and	Suppor
local protocol. Ask partic	the second conduction is a second to	
	cipant what support is	
• •	cipant what support is	
•	cipant what support is	
required	cipant what support is	
• •	cipant what support is	
•	cipant what support is	
• •	cipant what support is	
required	cipant what support is	
required Session Objectives		Caesare
required	Management of Category 1	
required Session Objectives	Management of Category 1 Management of rapid epidur	al top up
required Session Objectives	Management of Category 1 Management of rapid epidur If in-situ – availability and loca	al top up ation of n
required Session Objectives Clinical	Management of Category 1 Management of rapid epidur	al top up ation of n
required Session Objectives Clinical Non-technical skills	Management of Category 1 Management of rapid epidur If in-situ – availability and loca Management of difficult airwa	al top up ation of n ay in Ob
required Session Objectives Clinical Non-technical skills Teamworking	Management of Category 1 Management of rapid epidur If in-situ – availability and loca Management of difficult airwa Coordinating team, exchang	al top up ation of n ay in Ob ing infor
required Session Objectives Clinical Non-technical skills Teamworking Task management	Management of Category 1 Management of rapid epidur If in-situ – availability and loca Management of difficult airwa Coordinating team, exchang Continuous planning, followin	al top up ation of n ay in Ob ing infor g standa
required Session Objectives Clinical Non-technical skills Teamworking	Management of Category 1 Management of rapid epidur If in-situ – availability and loca Management of difficult airwa Coordinating team, exchang	al top up ation of n ay in Ob ing infor g standa pating

IAOC Simulation

DAS Guidelines for the management of difficult and failed tracheal intubation in obstetrics – 2015

atient Role Relevant HPC / PMH

37/40, otherwise fit, no concerns in pregnancy Spontaneous rupture of membranes

Epidural inserted 3 hours ago, working reasonably well

Distressed if not being listened to Guidance for Obstetrician roles

Declare Cat 1 LSCS

Concerned about continued foetal bradycardia Support MDT discussions

Guidance for Midwife role

Concerned about foetal bradycardia Support with patient history and bloods if required

aesarean section l top up ion of medication, monitoring and safe transfer in Obstetrics

ig information, using authority and assertiveness

standards, identifying and utilising resources

isks and selecting options, re-evaluating