

Post Partum Haemorrhage

	ame:	Sonya Abbott	Observa	tion at star	t	CRT:	3s	
	D.O.B.	03/06 (26Y)	RR:	2		Temp:	36.2	
	dress:	(Insert local address)	ETCO2			BM:	5.6	
			Sats:	9	8%	Weight:	88Kg	
Hospit	al ID:	3142685521	Heart Rat	te: 1	05	Allergy	NKDA	
V	Nard:	Labour ward	BP:		108/65			
		Background to scenario				cific set up		
		itient with a previous hist					in labour room	
		gestational diabetes at		Cannulated, no fluid attached				
	an instrumental delivery in the labour room				Just delivered, blood seen at perineum Obstetrician working to control bleeding			
llowed b	5			Obstetric	<u> </u>			
		red embedded faculty/a	actors	Required participants				
1idwife/Obstetrician				Anaesthetist (obstetric and senior for support)				
			DeetMedie		– Midwife, ob	stetrician		
voorol	d bists	nu of obildhood oothmo	Past Medica		Lin last progn		ived blood	
ansfusior		bry of childhood asthma	, otherwise well. (GZP I – PPI	nin iast pregn	ancy, rece		
		petes (controlled with die	at) induced at ?	8 weeks -	On axvtacin ir	nfusion (foll	ow local protocol	
o airway		•						
		05, WCC 11.5, Plt 186						
		Drugs Home			Dru	gs Hospital		
egnanc	y vitan			Paraceta	mol/Codeine	/Diamorph	nine (IM) –	
0 -	5				g to local pro			
							to local protocol)	
			Brief to part	ticipants				
ie emerg	gency	buzzer has just gone off	in a labour room	where a p	patient has jus	t delivered	vaginally	
			Scenario D	irection				
			Stage 1, 0- 5					
Pate	ent							
RR 18	8 Sats	98%						
(EBL	500ml)	(Not shocked, anxious)	HR 80-100, BP 11	0/65 CRT 2	s, cool periph	eries		
E Alert	t, Bleed	Alert, Bleeding due to tone and trauma						
	5							
	orv and	0	luma					
(Histo	5	l assessment of patient		Clotting in	cluding fibring	gen, POC	testing), IV fluids	
 Histo Resu 	uscitatio	0	cture (G&S, FBC,					
 Histo Resu Treat 	uscitatio	l assessment of patient on: IV access, venepunc e: Atony – oxytocin, ergo	cture (G&S, FBC,					
 Histo Resu Treat MDT 	t cause appro	assessment of patient on: IV access, venepunc e: Atony – oxytocin, ergo bach	cture (G&S, FBC,	prost (child				
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- F Plaat, BA MBBS FRCA, A Shonfeld, MBBS FRCA, Major of Issue 4, August 2015, Pages 190–193, <u>https://doi.org/10.109</u> - Mavrides E, Allard S, Chandraharan E, Collins P, Green L, College of Obstetricians and Gynaecologists. Prevention a haemorrhage.BJOG 2016;124:e106–e149.						
	Guidance for	ance for Pa				
Opening lines/questions/cues/key responses What is happening to me? Will I be ok? What will happen to baby if I go to theatre?						
Partner Worried about partners health, insist on concerns being listened to						
Guidance for Obstetricia		G				
In labour room as conducted the instrumental delivery To increase challenge in scenario – can become task focussed on suturing in room, and lose perspective of difficulty and EBL requiring Stop the Line and reassess						
Guidance for Role e.g. ITU/Anaesthetic Senior						
Expectations Appropriate means of being contacted Appropriate handover Actions Offer appropriate support for grade of anaesthetist						
Session Objectives						
Clinical	Management of PPH					
Non-technical skills						
TeamworkingCoordinating team activity, ex appropriate delegation and su						
Task management	Planning and preparing, priori	tisi				
Situational awareness Gathering information on ent						
Decision making	Identifying options for managem					
		_				

IAOC Simulation

Guidelines

bstetric haemorrhage, BJA Education, Volume 15, 93/bjaceaccp/mku049

, Hunt BJ, Riris S, Thomson AJ on behalfof the Royal and management of postpartum

atient Role

Concerns Anxious, overwhelmed Actions Increasingly drowsy

Guidance for midwife

Act as advocate for patient, ensure concerns are addressed

Can support resuscitation efforts, also helps with newborn

changing information with MDT, using assertiveness, pporting colleagues

sing, identifying and utilising resources appropriately ring, recognising critical incident, anticipating events

ment, balancing risks, continuous re-evaluation