SCENARIO

Maternal Collapse- Amniotic Fluid Embolism

LEARNING OBJECTIVES

Demonstrate team working and communication skills
Use SBAR handover
Recognition of the collapsed patient
Initiate ABCDE assessment and resuscitation
Be aware of the mortality and morbidity associated with AFE for mother and baby
Anticipate the AFE sequel – coagulopathy/ obstetric haemorrhage

EQUIPMENT LIST

Noelle/ Baby Hal
Arrest trolley
Fluids / giving sets
Monitor for manikin
Peri-mortem LSCS kit
Blood Bottles/request forms
Phone
Neonatal Resus Bag

PERSONNEL

MINIMUM: 6
ROLES:
Obstetrics 2
Anaesthetics 2
Paeds 1-2
Midwives 1-2

FACULTY

MINIMUM: 5
Facilitator (act as first MW)
Observer x2
Debrief Lead
Scribe

TIME REQUIRMENTS
TOTAL 1.5hours

Set up: 30 mins
Pre Brief: 10 mins
Simulation: 20mins
Debrief: 30mins

INFORMATION TO CANDIDATE

PATIENT DETAILS

Name: Anita Singh
Age: 40yrs
Weight/BMI: 55kg/24

Phx: Gestational Diabetes
Allergies: nil
Rhesus +ve

SCENARIO BACKGROUND

Location: Labour Ward

Situation: You are crash bleeped to LW
Anita is G2P1 40+10 gestation in spontaneous labour
The midwife has just perfomed an ARM for delayed progress in second stage
She has now become unresponsive, gasping and cyanosed.

Task: Please assess the patient

RCOG CURRICULUM MAPPING

Module: 10 Management of labour Ward
Maternal Collapse
Liaise with Staff

INFORMATION FOR ROLEPLAYERS

BACKGROUND

NA Patient unresponsive

RESPONSES TO QUESTIONS

INFORMATION TO FACILITATOR

SCENARIO DIRECTION

Assessment and ABCDE resuscitation
Confirmation Obstetric Emergency 2222
Confirm Obs/Anaesthetic Consultants are informed to attend
(STAGE 1) 02 assist ventilation, IV acess, 1L Hartmanns stat, vasopressors, left lateral
Consider differential dianosis? Amniotic fluid embolism, pulmonary embolism, air embolism.
Decison to intubate room vs OT
(STAGE 2) She has a PEA arrest on induction
Commence CPR and ALS
After the first 3 minutes and 1mg adrenaline there is no return of circulation
Consider Perimortem section.
(STAGE 4) Perimortem section performed in room at 5 minutes. After a second cycle of 3 minutes a pulse felt. Major Obstetric Haemorrhage Protocol to be initiated
Adress 4Hs 4Ts
Ongoing management
(STAGE 4) Further resuscitation , stabilisation, investigations, invasive monitoring and arrangement of T/F Ot to complete section and to Intensive Care

SCENARIO OBSERVATIONS/ RESULTS

	BASELINE Initial Assessment LW	STAGE 1 Post Initial Resuscitation	STAGE 2 PEA arrest	STAGE 3 Post Peri Mortem section	STAGE 4 Transfer to OT>GA complete Section
RR	8	8	0	15 BVM	18 Intubated
chest sound	Shallow	Shallow	Nil	Equal	Equal
SpO2	75%	80%	70%	95%	97%
HR	155	130	50 PEA	155	115
Heart sound	Tachy	Tachy	Absent	Tachy	Normal
BP	60/30	85/40	Unrecordable	65/30	110/60 Adrenaline
Temp	36.0C	36.0C	35.2C	35.1C	35.5
Central CRT	8 secs	8 secs	>8secs	7secs	5secs
GCS/AVPU	U	3	U	U	U

Arterial Gas/Lactate:

SCENARIO DEBRIEF

TOPICS TO DISCUSS

Team work and communication under stressful clinical situation
Pathophysiology behind Amniotic fluid embolism
Complications of amniotic fluid embolism DIC/coagulopathy/Obstetric Haemorrhage
Neonatal/Maternal mortality from AFE
How to diagnose and how clinically it differs from pulmonary embolus/ analphylaxis

REFERENCES

D.J. Tuffnell UK Amniotic Fluid Embolism Register BJOG: an International Journal of Obstetrics and Gynaecology, December 2005, Vol. 112, pp. 1625–1629

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