SCENARIO

Cerebral Vein Thrombosis

LEARNING OBJECTIVES

Be aware of the differential diagnosis of seizures in the postnatal period

Use SBAR to communicate urgent referral/ investigation requirements

Initiate management of cerebral vein thrombosis

EQUIPMENT LIST

Noelle/SimMom/Role player	IVC pack
Monitoring BP/pulse oximeter	Blood bottles
Tendon hammer	Urine dipstick
CT Report	Phone

PERSONNEL	FACULTY
MINIMUM: 3	MINIMUM: 2
ROLES:	Facilitator
Obstetric Junior/Reg	Role player patient/partner
Obstetric Consultant	Debrief Lead
Anaesthetic Reg	Voice neurosurgery/neurology

TIME REQUIRMENTS
TOTAL 50 minutes

Set up:	10 mins	Simulation:	15mins
Pre Brief:	5 mins	Debrief:	20mins

INFORMATION TO CANDIDATE

PATIENT DETAILS

Name:	Amirah Khan	Phx: nil
Age:	38	Allergies: Nil
Weight/BMI:	73kg/32	Non Smoker
	G3P3	

SCENARIO BACKGROUND

Location: Accident and Emergency

Situation: You have taken a call from an A&E registrar. His patient is 14 days postnatal and has attended for the first time with a seizure. He states she seems stable now and wonders if he can discharge her home?

Task: Please attend A&E to review the patient.

RCOG CURRICULUM MAPPING

Module 12: Postpartum Problems
Management of Thromboembolic problems
Advanced Training Skills Module:
Maternal Medicine
Advanced Labour Ward Practice

INFORMATION FOR ROLEPLAYERS

BACKGROUND

Your name is Amirah Khan. You are 38 years old. 14 days ago you had your third baby. Your pregnancy and delivery was straight forward after being induced for reduced fetal movements at term. You bleed about 600mls, but didn't require a blood transfusion. You went home the next day and had to self inject with blood thinning medication for 10 days.

2 days ago you developed a severe headache for which you took paracetamol with minimal effect. Today you were at home and the next thing you remember was being in an ambulance and your husband telling you you've had a fit. Your headache remains it is dull in nature and worse at the back of your head. You have no swelling of you face or legs.

Your husband tell the doctor he thinks you have been slightly confused the last 24 hours – you don't believe this to be true.

RESPONSES TO QUESTIONS

You have no past medical problems
You had no problems with blood pressure in the pregnancy
No significant family health problems
You don't smoke
You have no problems with your speech/ swallowing or weakness in your arms or legs
You are unable to tell the doctor the date or year and are unclear where you are now.

INFORMATION TO FACILITATOR

SCENARIO DIRECTION

Trainee to inform A&E that it is not safe to discharge patient and she needs an obstetric review.

Attend A&E to review the patient

Take a focused history
– aimed at differentiating cause of seizure
Perform full examination
- aimed at ruling out Eclampsia as the cause of seizure
No facial oedema BP 135/80 no proteinuria
No focal neurology
Mini mental state patient is not oriented to place or time

Recognise the potential diagnosis of cerebral vein thrombosis or other cerebral pathology

Send FBC/EUC/LFTs/ Coagulation profile/ Blood glucose/MSU

Inform obstetric consultant and obstetric anesthetist

Call radiology for urgent CT head - SBAR

Call neurology for urgent review –SBAR

Result of CT head
- elongated large hyperattenuating lesion possible large cerebral vein thrombosis
- subsequent CT venography demonstrates thrombosis

Communicate finding to patient and partner

Call Neurosurgery for advice on management and possible transfer

Call Haematology to discuss treatments options
- Heparin infusion
-treatment does LMWH
-Potential thrombolysis

End

SCENARIO DEBRIEF

TOPICS TO DISCUSS

Differential diagnosis of seizure in postnatal period
- rule out eclampsia

Importance of communication of urgency for investigation and review

Treatment of cerebral vein thrombosis and involvement of haematology
- heparin vs LMWH vs thrombolysis

Multidisciplinary management plan

REFERENCES

Royal College of Obstetricians and Gynaecologists. (2015). *Reducing the risk of thrombosis and embolism during pregnancy and the puerperium.* Green-top Guideline 37a. London: RCOG