SCENARIO

Splenic artery aneurysm rupture

LEARNING OBJECTIVES

Effective team working and communication
Use of SBAR
Co-ordinating initial resuscitation and preparation for theatre
Management of Haemorrhage

EQUIPMENT LIST

Noelle/ SimMom
Baby Hal/ baby
Fluids / giving sets
Fake hand held notes
ODP grab bag
Fake blood/stained sheets
Arrest trolley
Phone
GA drug box for T/F to theatre
IVC packs/IO gun /Blood Bottles
Monitor for manikin
Rapid infuser

PERSONNEL

MINIMUM: 5
ROLES:
Obstetric Junior/Reg
Midwife
Anaesthetic Reg/Cons
Obstetric Consultant
ODP

FACULTY

MINIMUM: 3
Facilitator
Observer
Debrief Lead

TIME REQUIRMENTS

TOTAL 1.5hours

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

INFORMATION TO CANDIDATE

PATIENT DETAILS

Name: Sarah Smith
Age: 25
Weight/BMI: 60kg/22

Phx: Fit and well
Allergies: Nil
G1P0 35 weeks

SCENARIO BACKGROUND

Location: Labour Ward

Situation: Awaiting ambulance service after pre-alert call. A 35 week pregnant female is on route having experienced sudden onset of severe abdominal pain. She has become unresponsive in the ambulance.

Task: Prepare for the patient's arrival and manage accordingly

RCOG CURRICULUM MAPPING

Module 12 Postpartum Problems:
Intra-abdominal haemorrhage non-obstetric
Advanced Training Skills Module:
Advanced Labour Ward Practice
Resuscitation
Communication, team working and leadership skills

INFORMATION FOR ROLEPLAYERS

BACKGROUND

Partner following in car

RESPONSES TO QUESTIONS

N/A patient unresponsive

INFORMATION TO FACILITATOR

SCENARIO DIRECTION

Candidate to prepare MDT/ equipment for patient's arrival
Discuss delegation of roles to team
Discuss patient location – consider direct admission to theatre.
Receive SBAR handover from ambulance crew (STAGE 1 obs)
ABCDE Assessment
White, cool to touch
A: Tolerating Guedel, O2 via facemask
B: shallow breathing
C: weak central pulse, NIBP not recording
D: GCS 3, PERAL
E: Abdo distended and firm, USS portable FH profound bradycardia
Bedside haemacue Hb 50g/L

Declare obstetric Emergency 2222
Request consultant obstetrician/anaesthetist to attend
Inform pediatricians
IV access – completely shut down IO access
CX 6 units, FBE, Coags, LFTS, U&E
Fluid Resuscitation and O-ve blood (STAGE 2 obs)
Call haematology (Blood Gas result)
Decision for emergency section
Careful induction of GA
Routine Lower Segment Caesarean Section- bleeding not from obstetric source, 2L haemoperitoneum. (STAGE 3 obs)
Thorough examination to reveal source- ruptured splenic aneurysm
Call for additional surgical help- General surgery, Vascular Surgery, Interventional radiology.- using SBAR.
Temporary control of bleeding with pressure.
End Scenario

SCENARIO OBSERVATIONS/ RESULTS

	BASELINE	STAGE 1 2L fluids 2 RBC	STAGE 2 GA	STAGE 3 SINUS TACHY	
RR	30	25	14 (vent)	14 (vent)	
chest sound	Tachypneic	Tachypneic	normal	normal	
SpO2	Not recorded	92%	97%	97%	
HR	135	130	135	125	
Heart sound	tachy	tachy	tachy	tachy	
BP	Not recorded	85/40	85/40	88/40	
Temp	35.9	35.8	36.4	36.4	
Central CRT	5 secs	5 secs	4 secs	4 secs	
GCS/AVPU	U	U	GA	GA	

Blood Gas result: pH 7.11 pO2 12.0
pCO2 5.6 BE -7
lactate 6

SCENARIO DEBRIEF

TOPICS TO DISCUSS

Discuss importance of pre planning when advanced warning of emergency admission

Differential diagnosis of non-obstetric haemorrhage

Further management of splenic artery aneurysm rupture

-Consider midline laparotomy if intra abdominal haemorrhage suspected

Likely sequelae of massive haemorrhage- DIC

REFERENCES

Elizabeth K. Corey, Scott A. Harvey, Lynnae M. Sauvage, and Justin C. Bohrer, "A Case of Ruptured Splenic Artery Aneurysm in Pregnancy," *Case Reports in Obstetrics and Gynecology*, vol. 2014, Article ID 793735, 3 pages, 2014. doi:10.1155/2014/793735