SIMulatED

Royal Darwin Hospital Emergency Department

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# Scenario Run Sheet: Precipitous delivery in ED

## Scenario Overview

**Estimated Scenario Run Time:**  12-15 mins

**Estimated Guided Reflection Time:** 40 mins

**Target Group:** ED Registrars and Nurses

**Brief Summary:** 32yo G4P3 presents by private car at 39/40 gestation in established labour and delivers vaginally within minutes of arrival. Uncomplicated, unassisted delivery in resus, no neonatal or maternal issues.

## Learning Objectives

**General**

Facilitation of delivery in ED

**Scenario Specific**

Assessment of gestational age, parity, rapid antenatal history, cervical dilatation and fetal presentation

Rapid mobilisation of human and other resources to facilitate delivery (birth pack, MW and paeds staff)

Accoucheur technique for 2nd and 3rd stages of labour, oxytocic

Maternal and neonatal postnatal checks

## Equipment Checklist

**Equipment**

Resuscitaire, birthing pack ,ultrasound

**Medications and Fluids**

Giving set, 0.9% saline, syntocinon , anti-D, Entonox

**Documents and Forms**

Antenatal chart (midwifery to provide), ED nursing chart, paediatric chart

**Diagnostics Available**

## Scenario Preparation/Later Parameters

**Initial Later**

GCS **15** RR 40 P 110 BP 125/70 GCS **15** RR 18 HR 90 BP 115/60

Sats 100% RA T 37.2 BSL gas SaO2 98% O2 T 36.2

**Mannequin Features**

Live simulated female patient (Anna B.) plus SimMum (Jenny G to operate + perform fetal puppetry)

## Participants

**Staff Actors**

ED Registrars x3 Mother (Anna B), partner (ED staff)

Nurses x2ED, ED Midwife ED Consultant available by phone

Paeds registrar O+G registrar available by phone

**Instructor Roles**

- Provide the team with clinical signs (VE)

## Candidate Instructions/Triage Information

You are informed by the nurse TL that a 32yo woman at 39/40 has arrived at triage in labour. She had ROM while driving to hospital and is now having contractions every minute

## Patient Instructions

In obvious labour, “need to push”, simulates contractions every 1 minute until delivery

Limited verbal history – most information from Antenatal chart and husband (arrives 5 mins into scenario)

**Medical History**: G4 P3, all SVD, uncomplicated. Rh neg. Uncomplicated AN course, no meds, NKDA

**Social** Lives at Girraween

## Proposed Scenario Progression

* Patient arrives in wheelchair, rapid maternal primary survey including focussed antenatal history, and abdominal examination. Confirms FHR and presentation with bedside USS.
* Provides N2O for analgesia, establishes large bore IV access (at least 18g), takes G+H
* Partner arrives during initial assessment with antenatal record – further Hx obtained
* Performs sterile VE which demonstrates full cervical dilatation and effacement; fetal head fully engaged
* Mobilises essential equipment and drugs; forms child/maternal teams; early call for Midwife (Maternity TL phone 28816)and Paediatric registrar (switch), resuscitair switched on and checked.
* Positions mother for delivery (semi sitting). Accoucher delivers child’s head, anterior shoulder then posterior shoulder/body in controlled manner; baby crying and good tone thus places baby on mother’s abdomen. Gives stat dose syntocinon, Clamps cord at 1 minute.
* Neonatal stimulation and assessment on mother’s belly – APGARS 9, 10
* Postpartum assessment of mother (birth trauma, analgesia)
* Plans transfer to 6A

## Debriefing/Guided Reflection Overview

\*Co-facilitated by Midwifery CNE and ED Specialist: (10 mins)

**General Opening Questions**

* How was the scenario?
* What happened in the scenario?

**Scenario Specific Questions**

* How prepared did you feel?
* What resources were required? What complications were you worried might occur?

**General Wrap-Up Questions**

* What did you find most beneficial about this scenario?
* What was the most challenging point in this scenario?
* What would you do differently next time?

\*Midwifery CNE-led session (30 mins):

* Assessment of the woman in labour
* Normal vaginal delivery
* Immediate post-delivery care of the mother and child