SIMulatED

Royal Darwin Hospital Emergency Department

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# Scenario Run Sheet: Template

## Scenario Overview

**Estimated SIM Time: 20-30 mins**

**Estimated Guided Reflection Time: 20-30mins**

**Target Group: ED Regs and Nurses**

**Brief Summary:** A G9P6 Indigenous Female presents after a precipitous birth of a fetus of unknown gestation. This happened in resus 1 minute ago. She has had no antenatal care. The female is being entirely managed by an obstetrician team and is likely going directly to theatre as she has had a massive PPH and is hypotensive. The neonate looks very small and blue and has just been placed on the resuscitaire in the resus bay. The paeds team have been called and will attend when they are able – currently they are at a paed resus on the ward. The child is bradycardic (70bpm), blue and floppy. The team should follow the neonatal resus algorithm. After stimulation, drying and positive pressure with neopuff there is no improvement –HR 70.After a further minute of PPV the HR drops to 50bpm and 3:1 compressions to ventilations should commence. After 3 mins of CPR and adrenaline the HR picks up.

## Learning Objectives

**General**

* Team dynamics and communication

**Scenario Specific**

* Practical use of the resuscitaire
* Use of air vs O2 for initial resus with step up in pressure and O2 if initial effort unsuccessful
* Sequential passage through the ARC Resus Algorithm including intubation

## Equipment Checklist

**Equipment**

* Neonatal IV set up and IO
* Resuscitaire
* Towels
* Neonatal intubation kit (in resuscitaire drawer

**Medications and Fluids**

* Adrenaline
* NaCl 0.9%

**Documents and Forms**

**Diagnostics Available**

VBG – metabolic acidosis

CXR post intubation

## Scenario Preparation/Baseline Parameters

**Initial Parameters**

P70 – drops to 50 after a minute of PPV

Sats – 50-60% throughout until the child has had 3 mins CPR and 100% O2 when they rise to 85% (normal for that stage post birth)

BP unrecordable

RR 10, poor effort – improves to 35 post resus

Afebrile if checked

## Participants

**Staff**

2 xED Regs and 3x ED Nurses

Can request a further ED reg if required

One facilitator can play the role of the paed reg or consultant IF they are struggling significantly

## Additional Information/Medical History

**Demographics.** G9P6 Mother – no further Hx available as she is having PPH and going to OT

**HPC –** Just born

**PMH -** Nil

## Proposed Scenario Progression

Placed on resuscitaire with warmer on

Pulse checked or monitoring put on (if pulse rather than monitor then instructor will need to call out the rate of 70bpm)

Dried with a towel and stimulated

+/- APGAR – not really necessary as baby obviously unwell and requires resus

Start PPV with neopuff and air

Remains brady (70bpm) at 1 min so continue PPV

Becomes more bradycardic to 50bpm after further 1min PPV

Start CPR 3:1

Consider LMA or ETT

Give adrenaline 1:10000 – from 0.1-0.25 is appropriate as gestation unknown

Consider Fluid bolus 20mls/kg – will need to estimate weight depending which mannequin used

After 3mins of CPR HR picks up to 90bpm, sats improve and child is more vigorous

## Debriefing/Guided Reflection Overview

**General Opening Questions**

* How was the scenario? (each team member reflects)
* What happened in the scenario – i.e. relay the story to a workmate who wasn’t there

**Scenario Specific Questions**

* What was wrong with the patient?
* What medications/investigations may be required?
* Where does the patient need to go?

**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?

## Case Considerations