



2015=9

Overview

Interdisciplinary Teaching

Scenario Eclampsia – Miley Cyrus

Scenario Name: Miley Cyrus

### Format: Fully immersive scenario

### Course: Interdisciplinary teaching

### Last Revised: 15th January 2016

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### Aim:

* To enable participants to practice an effective systematic approach to the management of eclampsia

### Duration of Session 15-20 minutes & debrief 10mins

### Type of Learners: Nursing and Medical staff

### Number of Learners: 10

### Number of Staff: 2-3

Learning Objectives:

1. Demonstrate a structured approach to a change in patient status
2. Recognise the need escalation of management
3. Demonstrate concurrent assessment of cause (hypoglycaemia/eclampsia) and treatment
4. Understanding that MgSO4 is antiepileptic of choice over benzodiazepines
5. Recognition of need for emergent delivery of child
6. Consideration of steroid for foetal lung maturation
7. Demonstrate the ability to prioritise needs & call for help early
8. Practice effective communication when managing the unstable patient

# Plot

## Outline:

Miley is a 34yo who is 36/40gestation who presents with headache. Early in presentation has seizure. Seizure continues until BSL checked, MgSO4 loading dose given and infuiion commenced. BP will remain high and requiring further anti-hypertensives

## Patient Details:

### Patient Name: Miley Cyrus

### Age: 34 years of age

Presenting Complaint: Miley is a 34 yo female 36/40 gestation who presents to ED with headache.

### Past History:

* Nil PMhx
* NKDA

# Setup

## Room & Equipment:

Sign on door: Resuscitation 1

Posters on wall: ISBAR, ACLS, MET criteria

Resus Trolley outside room

## Patient:

Mannequin as “Miley”

* Female wig
* Patient gown
* Covered with blankets
* Cardiac monitoring available
* Oxygen saturation monitoring
* Non-invasive BP monitoring

## Props:

* Triage nursing chart at end of bed with presenting problem completed as “Headache”
* Drugs available and potential complications/side effects
* MgSO4 – hyporeflexia, hypotension
* Labetalol
* Nifedapine
* hydralazine

**Primary Participant:** Handover

# Conduct of Scenario

## Stem

“Dolly is a 34yo female who is 36/40 gestation she has come in due to increasing headache not responding to paracetamol.”

## Actors’ Instructions

Actors: Nurse confederate

Patient: see control room table

## console

**Control Room:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***System*** | **Patient** | ***Mannequin Settings*** | ***Sam*** | **Ix Results** |
| General  |  | Awake, in pain |  |  |
| Airway | Talking | Normal*Evolution of patient state:** *With seizure will need airway support +/- NPA.*
 | Airway Clear |  |
| Breathing |  | ***RR***22/min | ***SaO2*** 98% on RA | ***Chest sounds:****Normal* |  |  |
| *Evolution of patient state:** If O2 not applied with commencement of seizure and airway not addressed - SaO2 to decrease
 |
| Circulation |  | ***HR****98/min* | ***BP*** *170/100mmHg* | ***ECG:****Sinus rythym* | JVP – not elevated | Investigations to be done:FBE – plts for HELPUEC - Cr in uncontrolled HTNLFT - HELPG&H – pre c-sectionClotting - DIC  |
| *Evolution of patient state:* *Eclamptic seizure** Increase HR to 140

*Treatment of Seizure** Loading dose of MgSo4 - 20mmol in 20min.
* Check BSL
* Maintenance MgSO4 5mmol/hr

*Seizure to cease post above treatment**Treatment of ongoing hypertension post Seizure** Aiming for SBP <160 and DBP <110
 |
| Disability | GCS 15  | *Evolution of patient state:* * Patient initially GCS 15 – then has seizure

*Treatment of Seizure** Loading dose of MgSo4 - 20mmol in 20min.
* Check BSL
* Maintenance MgSO4 5mmol/hr

*Seizure to cease post above treatment* | Pupils - NormalMotor responses - Normal | BSL 6.5 |
|  |  |  |  |  |
|  |  | Scenario ends when patient receives MgSO4 and obs/gyn contacted for emergent C-section |  |  |

**Discussion Points: (SEE PROMPT DOCUMENT)**

* Diagnosis of pre-eclampsia
* Treatment of Eclampsia
* Importance of MgSO4
* Blood pressure targets
* Antihypertensive choices.
* Testing for HELP
* Monitoring for MgSO4
* Need for emergent C-section
* Troubleshooting settings and pre-empting complications
* Calling for help early
* Appropriate allocation of roles