



2015=9

Overview

Interdisciplinary Teaching

Scenario PPH – Dolly Parton

Scenario Name: Dolly Parton– Post Partum Haemorrhage

### Format: Fully immersive scenario

### Course: Interdisciplinary teaching

### Last Revised: 10th November 2015

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### Aim:

* To enable participants to practice an effective systematic approach to the management of post-partum haemorrhage

### 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 causes (tone, trauma, tissue, thrombin) and treatment
4. Large bore IV access as crystalloid until blood available
5. Fundal massage - looking for clot expulsion
6. Appropriate use of Ergometrine, Oxytocin, Misoprostol, Dinoprost
7. Examination for trauma and pressure on wound if present
8. Bi-manual compression and consideration of uterine balloon catheter,
9. Appropriate allocation of roles with multiple tasks needing to be performed
10. Demonstrate the ability to prioritise needs & call for help early
11. Practice effective communication when managing the unstable patient

# Plot

## Outline:

Dolly is a 33yo who has just delivered a baby at home and now has ongoing bleeding. She continues to haemorrhage until given blood, theatre/obstetrics called and given ergometrine/oxytocin/misoprostal, and basic management instituted.

## Patient Details:

### Patient Name: Dolly Parton

### Age: 33 years of age

Presenting Complaint: Dolly is a 33yo female G2P1 who has been brought in by private car after an unplanned home delivery of a 4kg baby. She has ongoing bleeding.

### 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 “Dolly”

* Female wig
* Patient gown
* Covered with blankets
* Cardiac monitoring available
* Oxygen saturation monitoring
* Non-invasive BP monitoring
* IV fluids and O-negative blood (in time)
* RIC line available
* PPH box

## Props:

* Triage nursing chart at end of bed with presenting problem completed as “PV bleeding”
* “Blood” soaked pad and extra “blood” for ongoing bleeding
* Drugs available and potential complications/side effects
* Ergometrine – severe nausea/vomiting, hypertension, headache
* Oxytocin – 40units in 1L
* Misoprostil tablets - nausea, vomiting, diarrhoea, abdominal pain, fever
* Dinoprost - potent bronchodilator.
* Crash Cart stocked with
	+ Premixed Adrenaline infusion 6mg/100ml
	+ Premixed Isoprenaline infusion
* Blood
	+ O-negative blood
	+ Cross matched blood
* Circulation Cart stocked with
	+ RIC lines
	+ Large bore cannula
	+ Manual hand pump giving sets

**Primary Participant:** Handover

# Conduct of Scenario

## Stem

“Dolly is a 33yo female G2P1 who has been brought in by private car after an unplanned home delivery of a 4kg baby. She has ongoing bleeding.”

## Actors’ Instructions

Actors: Nurse confederate

Patient: see control room table

## console

**Control Room:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***System*** | **Patient** | ***Mannequin Settings*** | ***Sam*** | **Ix Results** |
| General  |  | Child sitting up speaking only in words |  |  |
| Airway | Talking | Normal | Airway Clear |  |
| Breathing |  | ***RR***20/min | ***SaO2*** 98% on RA | ***Chest sounds:****Normal* |  |  |
| *Evolution of patient state:** Maintain sats initially
* Respiartory rate to increase with increasing hypotension and blood loss – to 38BPM
 |
| Circulation | A little dizzy | ***HR****105/min* | ***BP*** *120/70mmHg* | ***ECG:*** | JVP – not elevated |  |
| *Evolution of patient state:* *Progression hypovolemic shock** Increase HR to 140
* BP decreasing to 70systolic over time

*Treatment of Hypovolemic shock** Large bore IV access +/- RIC line
* Crystalloid until blood available
* PPH medication as above
* Fundal massage
* Examination for trauma
* Bimanual pressure

*Resolution of hypovolemic shock** To recover after above Mx
* BP to increase to 90/50
* HR to decrease to 120
 |
| Disability | GCS 15  | * Patient to become drowsy when severely hypovolemic – GCS to decrease to 13 (eyes open to voice and mild confusion)
 | Pupils - NormalMotor responses - Normal | BSL 6.5 |
|  |  |  |  |  |
|  |  | Scenario ends when patient referred for theatre with obs/gyn input |  |  |

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

* 4 T’s of PPH
* Medication – routes, availability and contraindication
* Fluid resus - limiting crystalloid, early blood.
* RIC line insertion
* Ix - Coags, Hb not dropping until resusitated
* Uterine balloon - just to know it exists.
* Troubleshooting settings and pre-empting complications
* Calling for help early
* Appropriate allocation of roles