

Date: ..... Name of health facility: .....

Name(s) of evaluator(s):

Signature(s):

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**SCORE:**

<b>BEFORE</b>

<b>AFTER</b>

**NOTES AND FOLLOW-UP**

**ATTENDANCE**

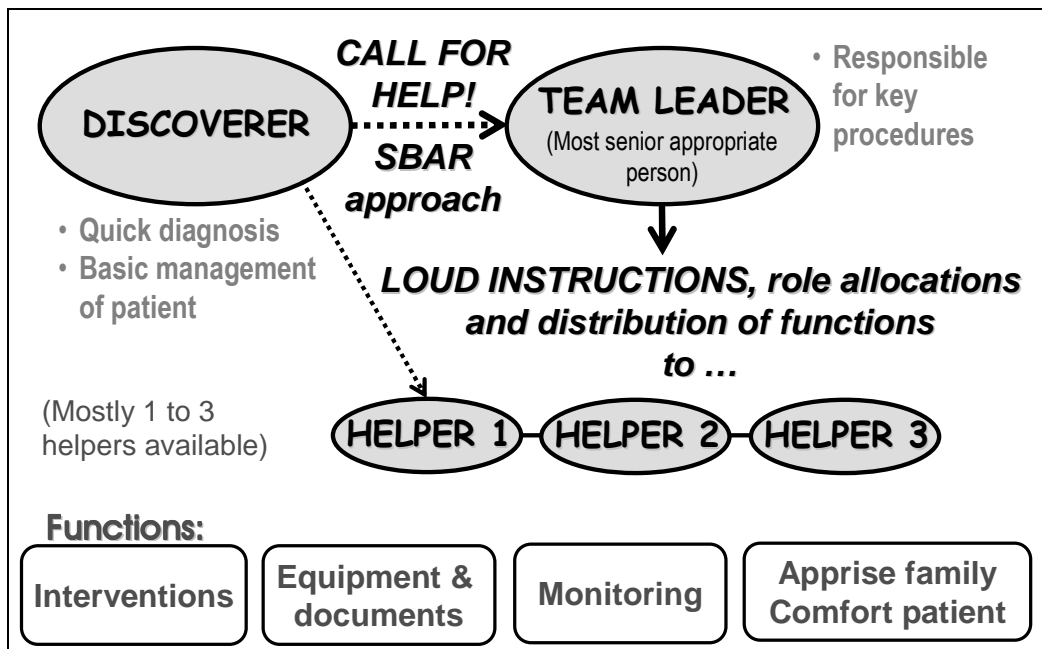
	Name	Rank	Ward	Signature
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# SEPSIS (SEPTIC MISCARRIAGE)

## Scenario 2

MATERIALS TO BE READY AND AVAILABLE BEFORE STARTING THE SESSION:	
<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Ask a colleague to act as the patient. Give the history to her</li> <li>• Blank clinical notes sheet</li> <li>• Clock</li> </ul> <p><b>Drugs and supplies</b></p> <ul style="list-style-type: none"> <li>• Syringes and needles</li> <li>• IV giving sets and IV pole</li> <li>• Test tubes for taking blood samples</li> <li>• Ringer's Lactate</li> <li>• Antibiotics</li> </ul> <p><b>Learning materials</b></p> <ul style="list-style-type: none"> <li>• Flip charts Module 3</li> </ul>	<p><b>Equipment</b></p> <ul style="list-style-type: none"> <li>• Sphygmomanometer</li> <li>• Stethoscope</li> <li>• Pulse oximeter if available</li> <li>• A supplemental oxygen source                             <ul style="list-style-type: none"> <li>o If cylinders are used, check that they have adequate oxygen</li> <li>o Flow meter and air oxygen blender</li> <li>o Tubing</li> </ul> </li> <li>• Ambu bag and mask</li> <li>• Spontaneously breathing oxygen mask with reservoir</li> <li>• Oxygen tubing</li> <li>• Oropharyngeal airway</li> <li>• Yankauer sucker</li> </ul>



*For all of the steps, please demonstrate what you would do. Explain what you are doing as you do it and why you are doing it.*

		B = Before / A = After	B	A	
Information provided and questions asked	Key reactions/responses expected from participants				
<i>Ms P has been unwell for a week. Her last menstrual period was about 12 weeks ago. She has been bleeding on and off for the last week and has an offensive vaginal discharge. She also complains of lower abdominal pains and fever. (You are in a CHC.)</i>					
<b>1. What will you do?</b>	Perform a rapid evaluation of the general condition of the woman, including <b>circulation</b> (pulse, BP), <b>airway, breathing</b> , oxygenation, <b>level of consciousness</b> (AVPU), skin colour, presence of anxiety and/or confusion, blood loss, and temperature				
	Secure circulation, airway, and breathing (CAB)				
	Give oxygen at 4-6L per minute by mask or nasal cannulae, if available.				
	Keep Ms P warm but do NOT overheat her.				
	Put in two large bore IV (16 gauge or largest available) cannula or needle				
	[Do bedside Hb]				
	Infuse IV fluids (Ringer's Lactate) like a stream				
<i>On examination, you find that Ms P is responding to verbal stimuli, her pulse is 120 beats/minute, blood pressure 90/60 mm Hg, respiration rate 30 breaths/minute, oxygenation is &lt;90%. Her skin is not cold or clammy but she feels hot.</i>					
<b>Discussion Question 1</b>					
<b>2. What will you do now?</b>	Conduct a <b>targeted history and physical examination</b> to determine the cause of the shock. Perform a secondary survey (Big 5, Forgotten 4, Core 1)				
<i>Ms P said she has been bleeding for the last week. She has a high fever and is complaining of general malaise and severe abdominal pain. She denies nausea, vomiting, or shoulder pain. On examination, the abdomen is tender and the uterus is palpable just above the brim of the pelvis. On vaginal examination you see a foul smelling discharge, the cervix is red and traumatised, cervix is open and the products of conception are also foul smelling. On bimanual examination the uterus is 12 weeks size and very tender. Her temperature is 38.5 °C.</i>					
<b>3. What will you do now?</b>	– Begin IV antibiotics within the first hour .This should continue until Ms P is fever free for 48 hours Cephalosporins (3rd generation IV) / If not available IV Clindamycin or Ampicillin 2 g IV every 6 hours – PLUS Gentamicin 5 mg / kg iv every 24 hours – PLUS Metronidazole 500 mg iv 8 hourly or orally 400mg tds				
	Continue IV infusion and give oxytocin if bleeding				
	Explain to Ms P what is going to be done, listen to her and respond attentively to her questions and concerns				
	Continue to monitor vital signs (BP, pulse, breathing), oxygenation, <b>level of consciousness</b> (AVPU), skin colour, presence of anxiety and/or confusion, blood loss and skin temperature every 15 minutes				
<b>Discussion Questions 2 and 3</b>					
<b>4. What will you do now?</b>	Explain findings to Ms P (and her family)				
	Prepare Ms P for referral to a district hospital with a functioning theatre. Complete an SBAR referral form				
	Continue IV infusion for resuscitation				
	Continue to monitor vital signs (BP, pulse, breathing), oxygenation, <b>level of consciousness</b> (AVPU), skin colour, presence of anxiety and/or confusion, blood loss and skin temperature every 15 minutes				
	Give analgesic if patient is in pain				
<b>Discussion Question 4</b>					
<b>CLINICAL SCORE = TOTAL NUMBER OF TICKS ABOVE</b>					
<b>DISCUSSION QUESTIONS</b>					
1. Was Ms P in shock?	<i>Ms P was in shock</i>				
2. What was your working diagnosis?	<i>Ms P had sepsis an unsafe incomplete miscarriage</i>				
3. What are signs that indicate that a woman with bleeding in early pregnancy has sepsis related to a miscarriage?	<ul style="list-style-type: none"> <li>• Lower abdominal pain</li> <li>• Rebound tenderness</li> <li>• Tender uterus</li> <li>• Prolonged bleeding</li> <li>• Malaise</li> <li>• Fever</li> <li>• Foul-smelling vaginal discharge</li> <li>• Purulent cervical discharge</li> <li>• Cervical motion tenderness</li> </ul>				
4. What birth control methods can Ms P safely take after miscarriage and when can she start them?	<ul style="list-style-type: none"> <li>• Hormonal (pills, injections, implants) [Immediately]</li> <li>• Condoms [Immediately]</li> <li>• Intrauterine device [Delay insertion until the infection is cleared; Provide an interim method]</li> <li>• Voluntary tubal ligation [Delay surgery until the infection is cleared; Provide an interim method]</li> </ul>				

	BEFORE	AFTER
<b>CLINICAL SCORE: Assessment, diagnosis, monitoring and emergency management</b>	<b>18</b>	<b>18</b>
<b>CLINICAL SCORE: Total number of boxes ticked above</b>		
<b>EXECUTION OF DRILL SCORE:</b>		
<b>A. Activation/Communication skills</b>		
1. Appropriate equipment brought (emergency trolley)		
2. Discoverer exchanges information with team leader and helpers using SBAR approach		
3. Team leader assigns essential roles to helpers (care for the woman, calling a doctor, etc.)		
4. Team leader addresses team members by name		
5. All observations are communicated clearly and loudly		
6. Communication done correctly: instruction → repeat instruction → inform team when instruction is completed		
7. The delegated helper informs the patient and family of what is happening and what will be done for the woman		
<b>B. Response/Team work</b>		
8. Team responds appropriately to team leaders' instructions		
9. Team members cooperate with each other		
10. The team determines the disposition of the patient (transfer, plan for further management)		
<b>C. Sign out/Documentation</b>		
11. Person allocated to do documentation		
12. Care (actions) completely documented (timing of intervention and administration of drugs)		
<b>D. Sequence of activities</b>		
13. Activities performed in the correct order of priority		
<b>EXECUTION OF DRILL SCORE (A-D above)</b>	<b>13</b>	<b>13</b>
<b>EXECUTION OF DRILL SCORE (A-D above): Number of boxes ticked</b>		
<b>TOTAL SCORE (CLINICAL SCORE + EXECUTION OF DRILL SCORE)</b>		
<b>Out of a possible score of</b>	<b>31</b>	<b>31</b>
<b>DISCUSSION POINTS</b>		
1. Remember to replace drugs etc (on emergency trolley)	4. The environment should be quiet. Only instructions and feedback allowed	
2. Equipment to be cleaned and sterilised appropriately	5. Observations are given clearly and loudly	
3. During drill there are no arguments or in-between discussions of opinions on how something should be done. Only the necessary actions are performed as swiftly and efficiently as possible	6. Importance of the correct sequence of events	
	7. Documentation	