

Date: Name of health facility:

Name(s) of evaluator(s):

Signature(s):

.....

.....

.....

.....

SCORE:

BEFORE

AFTER

NOTES AND FOLLOW-UP

ATTENDANCE

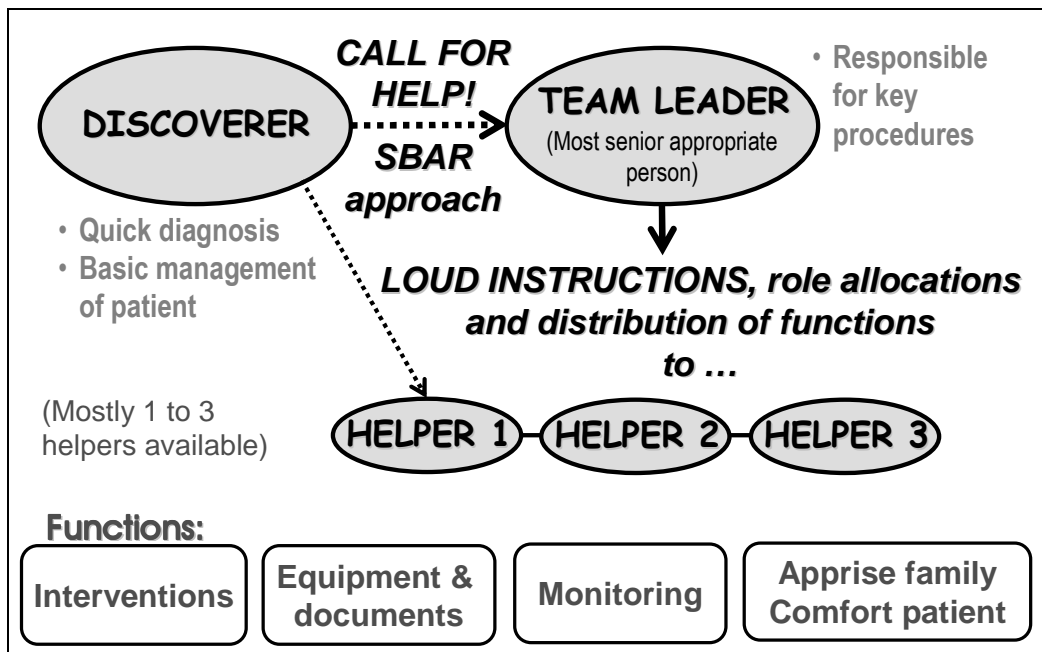
	Name	Rank	Ward	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				



PRE-ECLAMPSIA AND ECLAMPSIA

Scenario 2 (Pre-eclampsia)

MATERIALS TO BE READY AND AVAILABLE BEFORE STARTING THE SESSION:	
<p>General</p> <ul style="list-style-type: none"> Request colleague to be the patient <p>Drugs and supplies</p> <ul style="list-style-type: none"> Syringes and needles IV giving sets and IV pole Test tubes for taking blood samples Ringer's Lactate Magnesium sulphate <p>Learning materials</p> <ul style="list-style-type: none"> Flip charts Module 4 	<p>Equipment</p> <ul style="list-style-type: none"> Sphygmomanometer Stethoscope Pulse oximeter if available A supplemental oxygen source. <ul style="list-style-type: none"> If cylinders are used, check that they have adequate oxygen Flow meter and air oxygen blender Tubing Oxygen mask Pinard fetal stethoscope Patellar hammer



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>Mrs P is aged 19, P2, who is 36/40 pregnant has presented to the antenatal clinic. She complains of headache, blurred vision and had some epigastric pain this morning.</i>					
1. What will you do?	Call for HELP! Mobilise all available personnel!!				
	Place the patient on the examination table with left lateral tilt				
	Perform a rapid evaluation of the general condition of the woman, including circulation (pulse, BP), airway, breathing, oxygenation, level of consciousness (AVPU), skin colour, presence of anxiety and/or confusion, blood loss, and skin temperature				
	Check patellar reflexes				
	Simultaneously ask about the history of Ms P's present illness				
<i>The nurse reports that her BP is 148/96 mmHg, pulse is 100 bpm, respirations 20 breaths per minute, temperature is 37.2 °C, and 2+ proteinuria is present. On examination, you find her to have hyper-reflexia, clonus and to be jittery. AVPU = A. The FHR is 120/min and regular.</i>					
Discussion Question 1					
3. What will you do now?	Give oxygen at 4-6L per minute by mask or nasal cannulae, if available				
	Put in a large bore IV (16 gauge or largest available) cannulae or needle				
	Prepare and give magnesium sulfate IV 4g (20% solution) made up to 200mls (normal saline for injection) over 20 mins followed by 100 ml RL				
	Follow promptly with 10 g of 50% magnesium sulfate solution, 5 g in each buttock deep IM injection with 1 mL of 2% lignocaine in the same syringe				
	Infuse IV fluids (normal saline or Ringer's Lactate) at 80 ml/hour when patient is ready for transfer to prevent accidental fluid overload en route to next level of care				
	Listen to the fetal heart				
	Catheterise the bladder and monitor fluid intake and output				
	At the same time, tells Ms P (and family members) what is going to be done, listens to her and responds attentively to her questions and concerns				
	Check the BP every 15 minutes until ambulance arrives. Give nifedipine if BP systolic >160mmHg or diastolic >110mmHg				
	Plan for transfer to a level 2 or 3 hospital if in a PHC, CHC, or Level 1 Hospital and complete SBAR form				
Discussion Question 2					
3. What will happen once Ms P arrives as the referral hospital?	Conduct a targeted history and physical examination . Perform a secondary survey (Big 5, Forgotten 4, Core 1)				
	Obtain blood for laboratory investigations: haematocrit, clotting profile, creatinine, AST, liver function tests				
<i>After 15 minutes at the referral hospital, Ms P is resting quietly. She still has a headache and hyper-reflexia.</i>					
4. How will you plan to monitor her condition?	Check respirations, reflexes, oxygenation, colour, level of consciousness, maternal pulse, urine output, and fetal heart rate (FHR) at least hourly, or more frequently as needed				
	Check BP every 15 minutes for the first hour, and decide if antihypertensive medications are needed				
	Check temperature every four hours (hyperpyrexia may occur)				
	Check for liver tenderness				
	Check for signs of labour				
Discussion Question 3					
<i>Her pulse is now 98 bpm, BP 156/110 mm Hg, respiration rate 20 breaths/minute, and urine output was 40 mL since catheterization at the clinic. She still has hyper-reflexia. You detect that the fetal heart rate is 120 bpm, slowing to 100 bpm after a contraction.</i>					
5. What will you do now?	This BP is dangerously high and needs management. Depends on drugs available in the clinic and presence of contraindications in the woman: <ul style="list-style-type: none"> Give nifedipine 10 mg orally swallowed (not chewed, sublingual or buccal) stat; repeat @15 min x 3 or until BP less than 160/110 [An alternative is labetalol, as an IV infusion at 20 mg/hour (200 mg in 200 mL of normal saline, run at 20 mL/hour), increasing by 20 mg/hour every 20 minutes to achieve hypertension control or to a maximum of 300 mg in 24 hours]. 				
	Continue monitoring the woman and fetus.				
	Plan to keep the BP between dBp 90 and 100 mmHg				
Discussion Question 4					
6. What is your further plan of action?	Ms P needs delivery .The main concern now is fetal heart abnormality				
	Ms P should be prepared to go to the operating room for cesarean section. Only once stable, position Ms P on her side				
	Tells Ms P (and family members) what is happening, listens to her concerns and provides reassurance				
Discussion Question 5					

		B = Before / A = After	B	A	
Information provided and questions asked	Key reactions/responses expected from participants				
CLINICAL SCORE = TOTAL NUMBER OF TICKS ABOVE					
DISCUSSION QUESTIONS					
1. What is Ms P's problem?	<i>Ms P's symptoms and signs are consistent with severe pre-eclampsia</i>				
2. What is your main concern at the moment?	<i>The main concern at the moment is to prevent Ms P from convulsing</i>				
3. What are signs of magnesium toxicity that you should check for before giving an additional dose?	<ul style="list-style-type: none"> • <i>Respiratory rate falls below 16 per minute.</i> • <i>Patellar reflexes are absent.</i> • <i>Urinary output falls below 30 mL per hour over preceding 4 hours.</i> 				
4. What counselling will you give the woman and her family?	<i>Explain the severity of the illness, the necessity for organ system evaluation and then delivery. Reassure at this pregnancy duration there should not be any problems with the baby</i>				
5. What is the appropriate time for delivery?	<i>Mother must be fully resuscitated before a caesarean section is performed for fetal distress</i>				

	BEFORE	AFTER
CLINICAL SCORE: Assessment, diagnosis, monitoring and emergency management	28	28
CLINICAL SCORE: Total number of boxes ticked above		
EXECUTION OF DRILL SCORE:		
A. Activation/Communication skills		
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. Response/Team work		
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)		
C. Sign out/Documentation		
11. Person allocated to do documentation		
12. Care (actions) completely documented (timing of intervention and administration of drugs)		
D. Sequence of activities		
13. Activities performed in the correct order of priority		
EXECUTION OF DRILL SCORE (A-D above)	13	13
EXECUTION OF DRILL SCORE (A-D above): Number of boxes ticked		
TOTAL SCORE (CLINICAL SCORE + EXECUTION OF DRILL SCORE)		
Out of a possible score of	40	40
DISCUSSION POINTS		
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	