

TOTAL SCORE (CLINICAL SCORE + EXECUTION OF DRILL SCORE)			
		Out of a possible score of	38
			38
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		

Date: Name of health facility:

Name(s) of evaluator(s): Signature(s):

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SCORE:

BEFORE	AFTER

NOTES AND FOLLOW-UP

ATTENDANCE

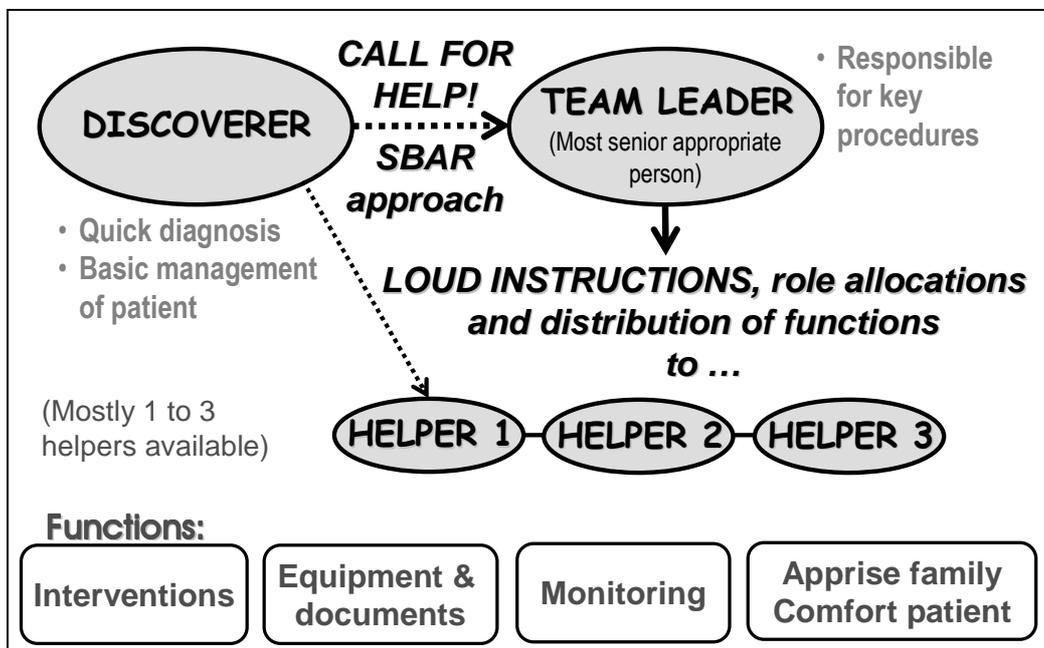
	Name	Rank	Ward	Signature
1.				
2.				
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MISCARRIAGE

Scenario 1

MATERIALS TO BE READY AND AVAILABLE BEFORE STARTING THE SESSION:	
<p>General</p> <ul style="list-style-type: none"> • Pelvic model • Blank clinical notes sheet • Clock <p>Equipment</p> <ul style="list-style-type: none"> • Sphygmomanometer • Stethoscope • Pulse oximeter if available • Vaginal speculum • Sponge forceps, clamps <p>Learning materials</p> <ul style="list-style-type: none"> • Flip charts Module 6 	<p>MVA materials</p> <ul style="list-style-type: none"> • IPAS Syringes • Non-perforating forceps – swab holder or Green-Armytage (avoid volsellum/tenaculum) • Cusco vaginal speculum • (Auvard vaginal speculum) • Intra-cervical block: <ul style="list-style-type: none"> o Syringe (10ml) o Sterile fluid for injection o Spinal needle o Lignocaine 1% or 2%



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 A is 20 years old. This is her first pregnancy. Her family brings her into the health center. Ms A. is able to walk with the support of her sister and husband. She reports that she is 3 months pregnant and that she has had some cramping and spotting for several days. She has had heavy bleeding and cramping, however, for the past 6–8 hours. She has not attended an antenatal clinic nor is she being treated for any illnesses.</i>				
1. What will you do?	Help Ms A lie on the examination table and place a wedge under the woman's right side so she tilts toward her left side			
	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 temperature			
	Shout for help to urgently mobilize all available personnel if Ms A's condition warrants this			
	Secure circulation, airway, and breathing (CAB) as appropriate to the woman's condition			
	Give oxygen at 4-6L per minute by mask or nasal cannulae, if available			
	Keep Ms A warm but do NOT overheat her			
	Explain to Ms A what is going to be done, listen to her and respond attentively to her questions and concerns			
	Put in one large bore IV (16 gauge or largest available) cannula or needle			
	Do bedside Hb			
Infuse IV fluids (normal saline or Ringer's Lactate) as appropriate				
<i>On examination, you find that Ms A.'s pulse is 100 beats/minute, blood pressure 110/70 mm Hg and respiratory rate 18 breaths/minute. She is conscious. Her skin is not cold or clammy. You notice bright red blood soaking through her dress.</i>				
Discussion Questions 1-3				
2. What will you do next?	Conduct a targeted history and physical examination to determine the cause of bleeding. Perform a secondary survey (Big 5, Forgotten 4, Core 1)			
<i>Ms A. was well until she started bleeding. You can tell from her responses that she wanted this pregnancy. You see no signs of physical violence. She soaks a pad every 4-5 minutes. She has not fainted but she "feels dizzy." She has passed some clots and thinks she may have passed tissue. Her temperature is 37.0 °C. The Hb is 11g%.</i> <i>On abdominal examination, you find that the uterus is just palpable above the pelvis. On bimanual vaginal examination the cervix os is open and you can feel products of conception through the cervix, the uterus is 12 weeks size and slightly tender. There is no pain in the adnexae. There is no cervical motion tenderness. On speculum examination there is blood coming through the cervix. There are no signs of trauma to the cervix.</i>				
Discussion Questions 4- 6				
3. What will you do now?	Continue IV infusion			
	Continue to monitor vital signs (BP, pulse, breathing), oxygenation, level of consciousness (AVPU), skin colour, presence of anxiety and/or confusion, blood loss and skin temperature every 15 minutes			
	Explain findings to Ms A. (and her family)			
	Prepare Ms A. for manual vacuum aspiration (MVA)			
	Continue IV infusion			
	Continue to monitor vital signs (BP, pulse, breathing), oxygenation, level of consciousness (AVPU), skin colour, presence of anxiety and/or confusion, blood loss and skin temperature every 15 minutes			
	Give oxytocin 10 iu IM or misoprostol 200 micrograms orally			
Perform MVA				
Discussion Question 7				
<i>MVA was performed 30 minutes later and complete evacuation of the products of conception has been assured Ms A.'s pulse is 92 beats/minute, blood pressure 110/70 mm Hg and respiration rate 18 breaths/minute. She is conscious. Her skin is warm. Vaginal bleeding is like a normal period.</i>				
4. What will you do now?	Help Ms A to rest comfortably where her recovery can be monitored			
	Keep Ms A under close observation of vital signs (BP, pulse, breathing), oxygenation, level of consciousness (AVPU), skin colour, bleeding, and cramping for at least one hour			
	Reduce IV fluid flow rate			
	Give paracetamol 500mg by mouth as needed; If the woman is Rh negative, administer Rh-immuno globulin before discharge; Begin doxycycline 100 mg PO to be continued BD x 7-10 days; Treat STIs and other infections; Provide VCT for HIV; Provide tetanus prophylaxis or booster			
	Give grief counselling for loss of the pregnancy			

		B = Before / A = After	B	A
5. As soon as Ms A is sufficiently well, what information will you provide her with as part of the pre-discharge procedure?	Give post-miscarriage advice: <ul style="list-style-type: none"> • What to expect in next few days • When to expect resumption of menses • Clear verbal and written instructions for taking any prescribed medication • Advice on routine personal hygiene and resumption of sexual activity 	<ul style="list-style-type: none"> • Contraceptive advice and, if possible, provide her with the method of her choice • Danger signs and where to go for emergency care if she experiences them • Follow up appointment • Other relevant information 		
Discussion Question 8				
			CLINICAL SCORE = TOTAL NUMBER OF TICKS ABOVE	
DISCUSSION QUESTIONS				
1. How much blood did you estimate Ms A had lost?	<i>It is difficult to accurately estimate blood loss at this time, though vital signs seem to indicate a loss between 500-1500 mL</i>			
2. Was Ms A in shock?	<i>Ms A is NOT in shock</i>			
3. What questions should / would you have asked when you discovered Ms A was bleeding?	<i>Ask Ms A: if anything happened to her or if anyone did anything to her which may have caused the bleeding; how long it takes to soak a pad; if she has passed any tissue; if she has fainted</i>			
4. What are signs that indicate that a woman with bleeding in early pregnancy has uterine or bowel injuries?	<ul style="list-style-type: none"> • Cramping/abdominal pain • Rigid (tense and hard) abdomen • Nausea/vomiting • Rebound tenderness • Shoulder pain • Fever • Abdominal distension 			
5. What is your working diagnosis?	<i>Ms A has a uncomplicated incomplete miscarriage (a safe miscarriage)</i>			
6. Why did you rule out ectopic pregnancy?	<i>Bleeding is heavier than for ectopic, no adnexal masses were palpable abdominally or vaginally, no cervical motion tenderness, cervix is dilated, no history of fainting</i>			
7. What would you do if the uterine size was more than 12 weeks or the woman was very anxious?	<i>Refer her to the next level of care</i>			
8. What birth control methods can Ms A safely take after miscarriage and when can she start them?	<ul style="list-style-type: none"> • Hormonal (pills, injections, implants) [Immediately] • Condoms [Immediately] • Intrauterine device [Immediately; If infection is present or suspected, delay insertion until it is cleared; If Hb is less than 7 g/dL, delay until anaemia improves; Provide an interim method] • Voluntary tubal ligation [Immediately; If infection is present or suspected, delay surgery until it is cleared; If Hb is less than 7 g/dL, delay until anaemia improves; Provide an interim method] 			

	BEFORE	AFTER
CLINICAL SCORE: Assessment, diagnosis, monitoring and emergency management	25	25
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		