

Date: Name of health facility:

Name(s) of evaluator(s):

Signature(s):

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SCORE:

BEFORE

AFTER

NOTES AND FOLLOW-UP

ATTENDANCE

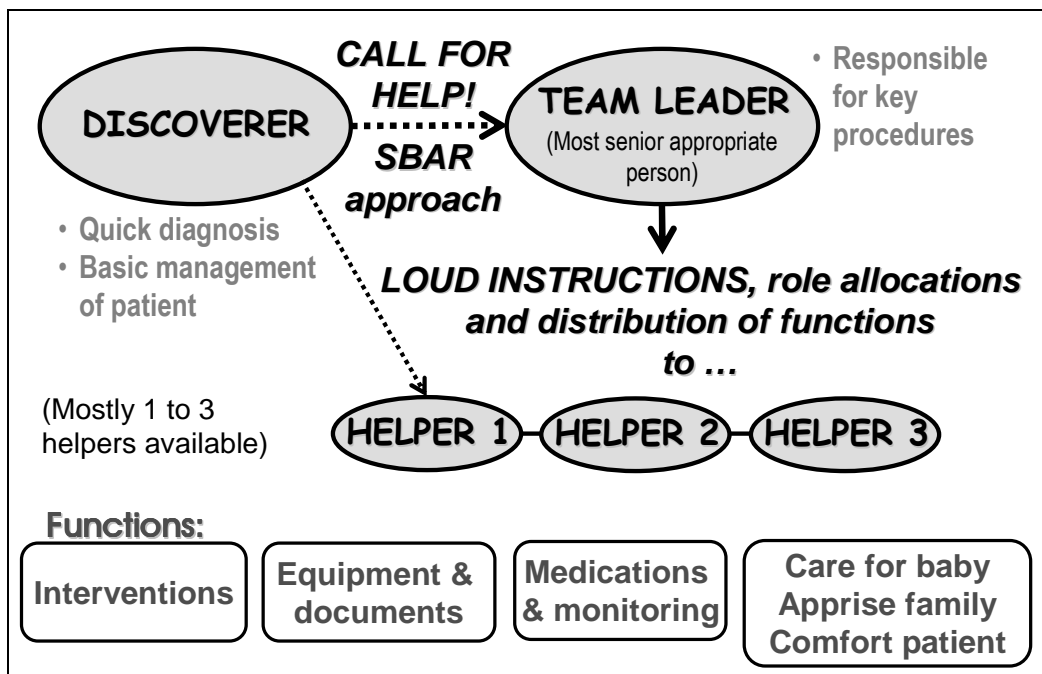
	Name	Rank	Ward	Signature
1.				
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MATERNAL RESUSCITATION

Scenario 2

MATERIALS TO BE READY AND AVAILABLE BEFORE STARTING THE SESSION:	
<p>General</p> <ul style="list-style-type: none"> • Annie torso • Adult airway mannequin • Blank clinical notes sheet • Clock <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 <p>Learning materials</p> <ul style="list-style-type: none"> • Flip charts Module 1 	<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"> o If cylinders are used, check that they have adequate oxygen o Flow meter and air oxygen blender o Tubing • Ambu bag and mask • Oxygen mask • Oxygen tubing • Oropharyngeal airway • Yankauer sucker



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>The midwife approaches a patient, Ms F, who delivered normally 3 hours ago and finds her unresponsive in her bed.</i>				
1. What is the first thing you should do?	Shake Ms F and shout to see if she responds			
<i>Ms F does not respond.</i>				
2. What will you do now?	Call for HELP! Mobilise all available personnel!!			
	Feel carotid artery for pulse			
	Check in the mouth for foreign body or material. Use suction if required or remove foreign body with care and use of forceps			
	Position the woman on her side			
	Make sure the airway is open			
<i>Ms F's pulse is 140 b/minute and irregular, her airway is clear, her skin is cold, and she is breathing, but breathing is very noisy with partially obstructed sounds.</i>				
3. What will you do now?	Perform head tilt and chin lift			
<i>Once the head tilt and chin lift are performed, this makes breathing clearer and less noisy, but as soon as chin lift is released, breathing becomes noisy again.</i>				
4. What will you do now?	Place oropharyngeal airway, if skilled to do it. Otherwise secure the airway manually			
	Give oxygen at 4-6L per minute by mask or nasal cannulae, if available			
	Put in a large bore (16 gauge or larger available) cannula or needle.			
	Obtain blood specimens for the laboratory (haemoglobin, platelets, clotting profiles, urea, creatinine, AST, blood for cross match [Do bedside Hb])			
<i>Ms F's BP 80/60 mmHg, pulse is 140 b/minute and irregular, respirations 32. She is not responsive. On pulling back the blankets you see she is lying in a pool of blood.</i>				
5. What will you do now?	Stop bleeding by rubbing up uterus			
	Catheterise the bladder and monitor fluid intake and output			
	Give oxytocin			
	Infuse IV fluids (Ringer's Lactate) at a rate for shock: Rapidly infuse at the rate of 1 L in 15-20 minutes – give at least 2L of fluid in the first hour NOTE: Do NOT give fluids by mouth to a woman in shock			
	Perform a secondary survey (Big 5, Forgotten 4, Core 1)			
CLINICAL SCORE = TOTAL NUMBER OF TICKS ABOVE			<input type="checkbox"/>	<input type="checkbox"/>

	BEFORE	AFTER
CLINICAL SCORE: Assessment, diagnosis, monitoring and emergency management	16	16
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	29	29
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	