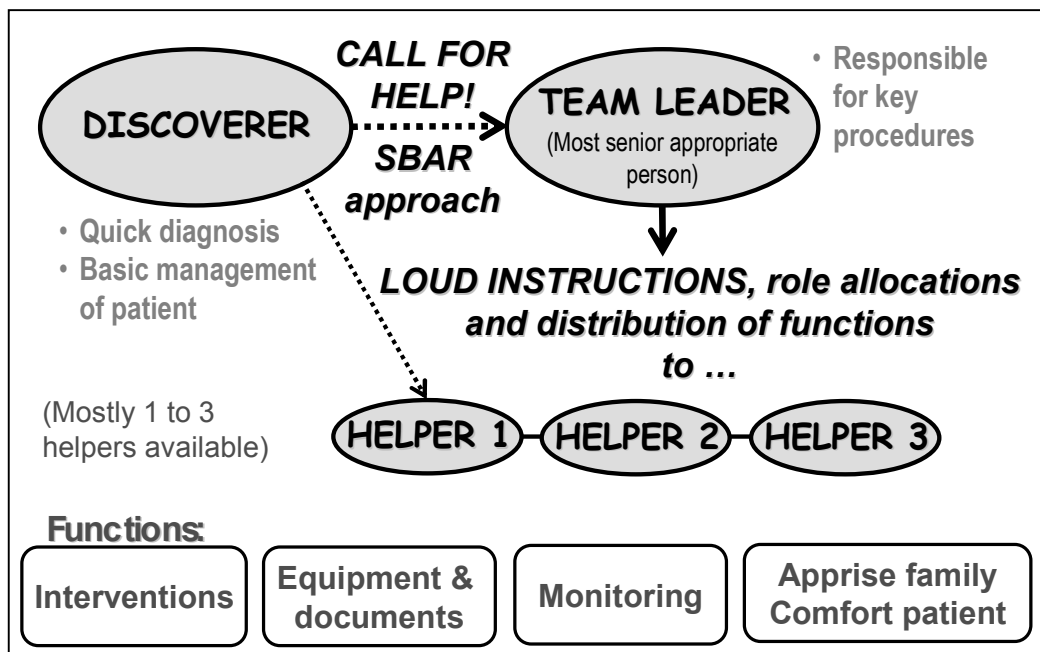




Postpartum evacuation Scenario 3

MATERIALS TO BE READY AND AVAILABLE BEFORE STARTING THE SESSION:	
<p>General</p> <ul style="list-style-type: none"> • Uterus on a block • Blank clinical notes sheet • Clock <p>Drugs and supplies</p> <ul style="list-style-type: none"> • Syringes and needles • IV giving sets • IV pole/drip stand • Ringer's Lactate <p>Learning materials</p> <ul style="list-style-type: none"> • Flip charts 	<p>Equipment</p> <ul style="list-style-type: none"> • Sphygmomanometer • Stethoscope • Pulse oximeter if available • Bumm's curette • Sponge holding forceps • Ovum forceps • Uterus on block • Drip stand • String • Condoms and/or sterile gloves • Vaculitres • Lines (IV) • Foley's catheters and catheter bags



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.

ESMOE-EOST: Generic. Module, Scenario

		B = Before / A = After	B	A
Information provided and questions asked	Key reactions/responses expected from participants			
<p><i>A 24 year old woman has delivered but has an incomplete placenta on inspection. She is actively bleeding. You are in theatre and the patient has a spinal anaesthetic. Demonstrate and describe how you will manage this patient in theatre</i></p>				
<p>1. Do an evacuation of the uterus</p>	Empty the bladder.			
	Apply a sponge holding forceps to the anterior cervical lip and ask the assistant/scrub sister to hold this in a neutral position.			
	Use the ovum forceps to remove products in the uterus.			
	Use only the Bumm's curette in a post-partum patient.			
	Evacuate while the patient is receiving oxytocin or Ergometrine.			
	Always have your non-dominant hand on the uterine fundus.			
	Only apply pressure to the curette on the motion towards yourself, never cranially. Do not evacuate the cervix: a post-partum cervix is large and can bleed if scraped overzealously with a curette.			
	Evacuate the uterus in an organised, circular manner (e.g. clock wise)			
2. You achieve an empty uterus but the bleeding continues at a significant rate. What do you do now?				
<p>Insert a balloon catheter</p>	To make this: Attach a condom or sterile glove to the front half of a Foley's catheter. Tie the proximal part with any stitch e.g. Vicryl or chromic. Call this catheter A			
	Place a second Foley's catheter adjacent to the first that the two run parallel. (Refer to this as Catheter B)			
	Insert the two into the uterus.			
	Pack the vagina with a plug/pad/small abdominal swab to prevent the catheters from being expelled once inflated.			
	Inflate the condom/glove slowly with warmed sterile fluid (saline or water for irrigation) until the bleeding stops (usually 300-500ml). This is done by installing fluid into the 'urine outflow'-part of Catheter A. Use either a vaculitre and IV line or a catheter-tip syringe. Clamp with a cord clamp to prevent it leaking out again.			
	Attach a catheter bag to the 'urine-outflow'-part of catheter. This serves to drain blood that accumulates behind the balloon in the uterus.			
	If this succeeds, the balloon catheter should remain in-situ for 12-24 hours and then systematically deflated.			
The bleeding stops (What must be done now?)				
<p>3. Post-operative management</p>	<i>Meticulous documentation of all steps taken</i>			
	<i>Care in a high care or labour ward setting</i>			
	CLINICAL SCORE = TOTAL NUMBER OF TICKS ABOVE			
CLINICAL SCORE: Assessment, diagnosis, monitoring and emergency management			17	17
DISCUSSION QUESTIONS				
<p>1. What are the signs of an empty uterus</p>	<ol style="list-style-type: none"> 1. No more products of conception are found 2. Gritty feel when evacuating (likened to cutting a green pear) 3. Bubbles found in the blood 4. Uterus contracts 5. Bleeding significantly decreases or stops altogether 			
<p>2. Why do you need an assistant to hold the anterior lip of the cervix</p>	It neutralizes/straightens the angle between the uterus and the cervix making entry into the uterus easier			
<p>3. Why should your non-dominant hand be on the uterine fundus?</p>	This allows you to use proprioception to determine the level of the fundus and decreases the risk of uterine perforation as you stop entry at the level of your hand			
<p>4. Why should the patient be kept warm?</p>	Cold patients have impaired coagulation and are at increased risk of acidosis with haemorrhagic shock			

ESMOE-EOST: Generic. Module, Scenario

EXECUTION OF DRILL SCORE:	Before (B)	After (A)
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	43	43
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	

ESMOE-EOST: Generic. Module, Scenario

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.				