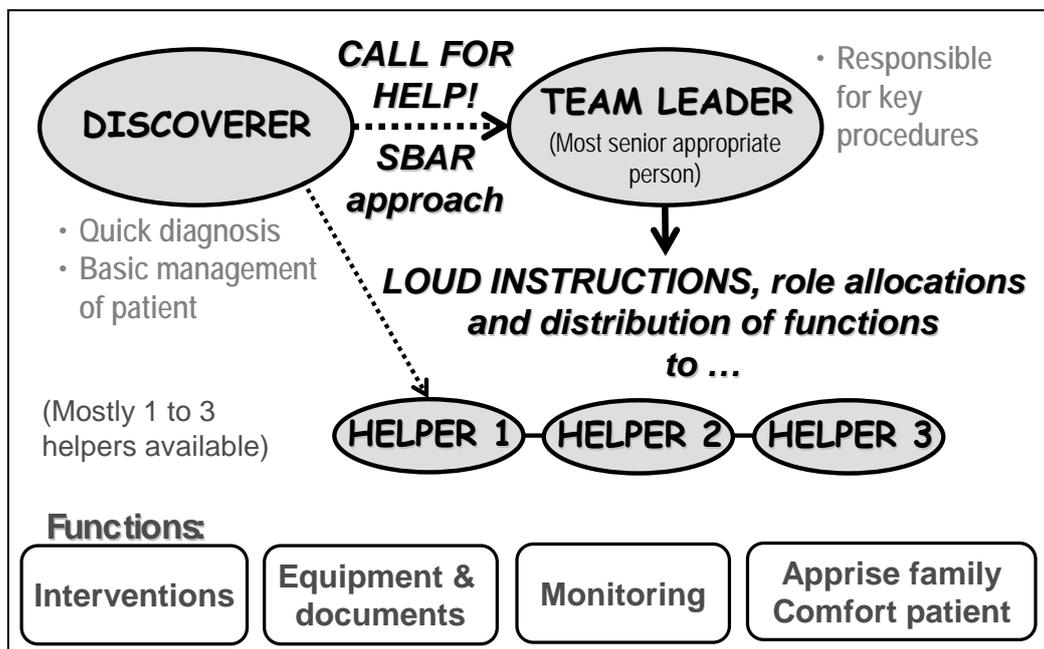




Antepartum Haemorrhage Scenario 1

MATERIALS TO BE READY AND AVAILABLE BEFORE STARTING THE SESSION:	
<p>General 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>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.

ESMOE-EOST: APH, Scenario 1

		B = Before / A = After	B	A
Information provided and questions asked	Key reactions/responses expected from participants			
<p><i>Scenario. Mrs X, a 28 year old P1G2, with no antenatal attendance, presents to casualty in a district hospital complaining of severe abdominal pain and vaginal bleeding.</i></p> <p>What will you do?</p>				
1. Shake and Shout	Does/does not respond; Responds and is orientated, but in severe pain			
2. Call a CAB	Assess circulation; Pulse 120, BP 110/70			
	Assess Airway: Able to speak			
	Assess Breathing: RR 28 breaths per minute, shallow,			
	Call for Help			
The doctor/ senior sister and two other nurses arrive (What must be done now?)				
	Assist circulation: Start two IV lines with Ringers lactate,			
	When putting up a drip take blood for Hb, platelets, AST, Urea and Creatinine			
	Assist breathing: Start an oxygen mask,			
	Insert a catheter and measure urine output			
More information (What must be done now?)				
3. Big 5, Forgotten 4, Core 1 (Secondary survey)	Further History: Pain started fairly suddenly about 3 hours ago. It started in the back and is now constant. She thinks she is 7 months pregnant			
	CNS: Alert			
	CVS: Shocked BP 110/70, pulse 120 bpm			
	Resp: Tachypnoeic, lungs clear			
	Liver and GIT: Not tender over the liver and she is not jaundiced			
	Renal: Urine catheter drains 20ml urine, 2+ protein noted			
	Haematological: Pale, Hb 8g%, bleeding from drip site when put up the drips (clotting profile)			
	Endocrine: Glucose 4.2mmol/l			
	Musculo-skeletal: Bleeding from drip sites			
	Immune: Temp 37.0°C, HIV status unknown			
	Core 1: Uterus SF 30 cm, tender and hard. Fetal heart present rate 100 bpm.			
Core 1: Vaginal bleeding with clots; cervix 3 cm dilated, membranes intact. Fetal scalp felt through the membranes				
4. Diagnosis	Abruptio placenta, with live baby and probable DIC			
5. Further management	Stabilise and get blood results			
	AROM, and delivery baby vaginally			
	Order blood and fresh frozen plasma and transfuse			
	Give analgesia – Morphine if available			
	Consider referral to tertiary hospital			
CLINICAL SCORE = TOTAL NUMBER OF TICKS ABOVE			27	27
CLINICAL SCORE: Assessment, diagnosis, monitoring and emergency management				
DISCUSSION QUESTIONS				
1. Emergency C/S or vaginal delivery	CS can kill mother, mother comes first			
2. Side-ward assessment bleeding	Bleeding time, clotting time, lytic factors			
3. Pain relief for abruption placenta	Abruptio placenta very painful – constant tetanic contraction			
4. Fluid balance and abruption placenta	Dangers of renal failure			
5. Difference abruption placenta and placenta praevia				
6. Does site of presentation make a difference	Stabilisation and referral, time limits of delivery			

ESMOE-EOST: APH, Scenario 1

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	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	

ESMOE-EOST: APH, Scenario 1

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.				

ESMOE-EOST: APH, Scenario 1

Notes: Side ward tests for coagulation if laboratory not immediately available

Bleeding time is a test done on someone to assess platelets function. It involves making a patient bleed then timing how long it takes for them to stop bleeding.

1. Clean the puncture site with an antiseptic
2. Place a pressure cuff around your upper arm and inflate it
3. Make two small cuts on your lower arm. These will be deep enough to cause slight bleeding. (1mm deep, 2-10mm long).
4. Remove the cuff from arm.
5. Take the time
6. Blot the cuts with paper every 30 seconds until the bleeding stops.
7. Record the time it takes for you to stop bleeding and then bandage the cuts.

Bleeding normally stops within 1-9 minutes

Clotting time test is a crude measure of assessing clotting factors

1. Under aseptic precaution venepuncture is done and 1 ml of blood is collected in each of 2 small glass test tubes.
2. Note the time when blood is taken.
3. Keep the test tube in a water bath maintained at 37°C or in your hand.
4. Tilt the tubes every 30 seconds and see whether the blood is flowing.
5. Repeat this until the tube can be inverted without the blood flowing out.
6. Take the time.
7. Average value of the results in the 2 test tubes gives the clotting time.

Normal value is 2 to 7 minutes

Lytic factors

Flick the glass tubes 20 minutes after they have clotted, if the clot disintegrates then there is a major lytic problem.

If the bleeding time and/or clotting time is greater than 7 minutes or the clot disintegrates then you should not perform a caesarean section.