

## **Simulation Scenario: Antenatal Admission, PUI**

Noelle is a 24 year old G1 at 32w6d gestation, being transported from Lincoln Memorial Hospital due to threatened preterm labor.

Past medical history is unremarkable. The pregnancy has been uncomplicated until yesterday, when she began having regular contractions. Today, the contractions became more painful and regular. When evaluated in Lincoln, her SVE was 1/70%/-1. She was initially contracting every 3-4 minutes, but the contractions spaced with 1 liter IV fluids. Other than contractions, her only complaint is feeling “achy” and a dry cough x 3 days. She has felt feverish at home, but has not taken her temperature. She returned from a trip to New York City 6 days ago.

Evaluation in Lincoln by the SJH transport nurse revealed patient to be comfortable, not really feeling contractions. On toco, ctx q5-7 minutes. FHR tracing reactive. In addition to the 1 liter of fluids she received, she is now on LR 125 mL/hr. She is on magnesium sulfate for tocolysis. The on-call MFM asked that betamethasone not be given. BP is 112/84, pulse 92, RR 16, temp 99.6 F, O2 sat 98% on RA. Exam is unremarkable other than the SVE, which is unchanged (1/70%/-1).

Because of suspicion of COVID-19 and her stability from an OB perspective, the plan is for the patient to be admitted to antenatal rather than labor and delivery. She did not have any COVID or other viral respiratory testing done in Lincoln.

***\_\_ prior to patient’s arrival, participants make plan for admission of PUI, prepare a room, gather appropriate PPE, put checklist outside patient door***

***\_\_ upon arrival, appropriate infection control procedures***

***\_\_ if MDs present for the simulation, discuss tocolysis and betamethasone (special considerations for COVID+ or PUI)***

***\_\_ participants practice appropriate donning and doffing of PPE***