



ECLAMPSIA SIMULATION SCENARIO OVERVIEW

SCENARIO OVERVIEW

Name of Scenario:

Eclampsia

Target Trainees:

MDs, RNs, CNMs, PAs

Anticipated Duration:

10 min

PATIENT DESCRIPTION:

41 yo G1 P0 at 38 weeks comes to triage complaining of headache. Patient is in a gown, sitting on a bed, no monitors attached, holding head. Blood Pressure 140/90, reassuring fetal status, 4 cm dilated. Patient seizes during initial evaluation.

HISTORY:

Prenatal care has been uncomplicated. BP elevations during the last 2 visits.

Medical - healthy

Surgical - none

Social - non-contributory

BASELINE LAB VALUES:

N/A

LEARNING OBJECTIVES

COGNITIVE:

Patient assessment (relevant history, symptoms, fetal well being, Vital Signs, preeclampsia labs)

Emergency recognition

Eclampsia management (awareness of appropriate medication administration with correct dose/route/timing)

Assessment of fetal well being

Delivery plan formulation

TECHNICAL:

Patient positioning

Oxygen request and administration

BEHAVIORAL:

SBAR communication

Demonstrates leadership and followership

Calls for appropriate assistance

Uses closed loop communication



SCENARIO SET-UP

ROOM CONFIGURATION:

Evaluation Unit

EQUIPMENT:

Exam table or Labor bed

IV pole, IV tubing, IV bag

Opsites

Covered needles

Magnesium sulfate premixed bag

Magnesium sulfate 1 gm 50 % ampoule

Syringes with labels for Valium, Ativan, Phenytoin

Lab tubes for CBC, chem., lft, uric acid, type and screen

Foley

Oxygen tank

Oxygen facemask

Pulse oximeter

Blood pressure cuff

MANIKIN/ TASK TRAINER PREPARATIONS:

Pregnancy pillow

Seizure activity for 2-4 minutes

Postictal state for the remainder

PRESETS:

Control of vital signs monitor and fetal heart rate monitor (NOELLE monitor preset)

SIMULATOR:

A standardized patient actor

PATIENT MONITOR:

Display of simulated maternal vital signs and fetal heart rate monitoring (NOELLE)

EQUIPMENT SET UP:

Routine NOELLE monitors set up

MISCELLANEOUS:

CHART CONTENTS:

DEMONSTRATION ITEMS NEEDED IN DEBRIEFING ROOM:

SCENARIO LOGISTICS

EXPECTED INTERVENTIONS:

Initial problem –oriented history acquisition
Fetal heart rate monitoring placement
Request for VS, IV, Foley, labs
Request for Help
Lateral positioning
Oxygen administration
Request for magnesium sulfate administration with dose/route/ time of bolus and maintenance
Delivery plan formulation

LIKELY PROGRESSION:

Seizure until administration of magnesium sulfate
Postictal state with fetal heart rate deceleration for 5 minutes
Maternal stabilization with progression to delivery

EXPECTED ENDPOINT:

Stable maternal status
Vaginal delivery for fetus

DISTRACTERS:

Offer to administer 6 gm concentrated magnesium sulfate (1 gm vial, 50 %) IV by confederate (inexperienced RN)

ADDITIONAL/OPTIONAL CHALLENGES:

Questioning delivery plan in anticipation of bradycardia and unstable or stable maternal condition by confederate (inexperienced RN)

VIDEOTAPE GUIDELINES

(Priorities to capture on videotape)

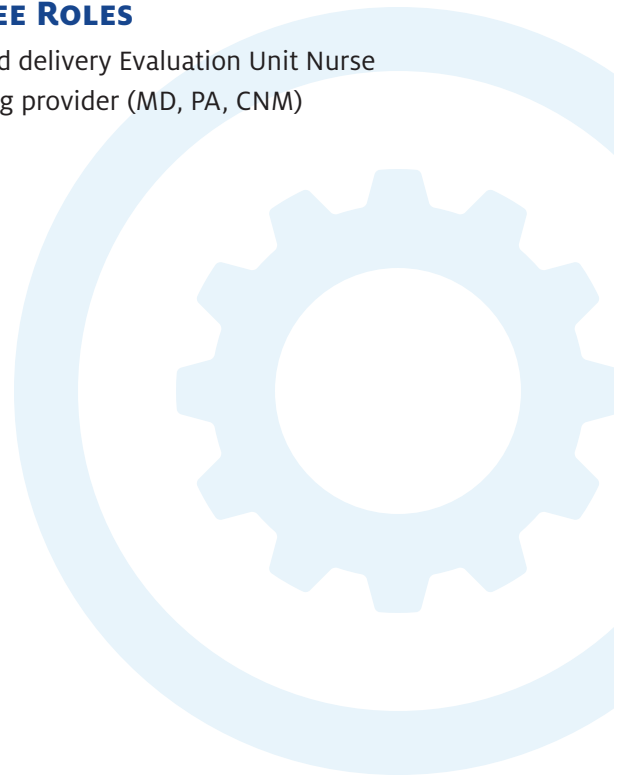
CONFEDERATE ROLES

Inexperienced RN:

- Calls in RN for help in evaluation of a triage patient
- Asks to explain every step – why, what, how much, over how long if information is not volunteered by RN/MD
- Offers undiluted magnesium sulfate IV (show the vial) before getting premixed bag
- Asks for exact IV, IM magnesium dosing/route/ timing if not offered
- Asks about delivery plan in anticipation of continuing bradycardia and stable versus unstable maternal signs

TRAINEE ROLES

Labor and delivery Evaluation Unit Nurse
Delivering provider (MD, PA, CNM)



SCENARIO LOGISTICS *continued*

DEBRIEFING POINTS

(Based on Eclampsia Drill Score Sheet)

COGNITIVE:

Patient assessment
Recognition
Eclampsia management
Fetal assessment
Delivery plan

TECHNICAL:

Medication administration
Oxygen administration
Positioning

BEHAVIORAL:

Help request
Team communication: SBAR
Situation: expression urgency when called for help
Background: conveys relevant information only
Assessment: states problem without prompt
Requests: states clear, concise requests without prompt
Closed loop communication

Adapted and used with permission from Montefiore Medical Center, 2014.

Reference List:

Birch L, Jones N, Doyle PM, Green P, McLaughlin A, Champney C, Williams D, Gibbon K, Taylor K.
“Obstetric skills drills: evaluation of teaching methods.”
Nurse Education Today, 2007 Nov; 27(8):915-22.

Ellis D, Crofts JF, Hunt LP, Read M, Fox R, James M.
“Hospital, simulation center, and teamwork training for eclampsia management: a randomized controlled trial.”
Obstetrics and Gynecology, 2008 Mar; 111(3):723-31.

SCENARIO SUPPORT MATERIALS

Multiple Choice Questions
Eclampsia Drill Score Sheet

