2 Eclampsia Drill Assessment Tool

Part 1

Y N Recognized eclamptic seizure

Y N Called for help:
- Y N OB
- Y N Anesthesia
- Y N Peds
- Y N OR
- Y N Assistant, senior resident or staff

Y N Noted time

Y N Correct patient positioning (left lateral)

Y N Fall prevention

Y N Airway assessment

Y N Airway management

Y N IV access obtained

Y N Correct pharmacological intervention – magnesium sulfate.

Time to magnesium administration

____

Y N Correct IV dosage of magnesium sulfate (4-6 gm bolus – textbook answer)

How to give magnesium on labor and delivery:
- Y N IV dosing?
- Y N IM dosing?

Y N Correct time over which to give magnesium sulfate bolus (over 15-20 min)

Y N What is the maximum concentration you can give magnesium IV (20%)

Y N What is the maximum concentration you can give magnesium IM (50%)

Y N Correct dosage of repeat magnesium sulfate (may repeat with 2 gm bolus over 3-5 min)

Y N Alternate agent if already seizing through therapeutic doses of magnesium sulfate? (sodium amobarbital, valium, dilantin, lorazepam, ativan)

Y N Correct dose of alternate agent?

After seizure management:
- Y N Obtained vital signs?
- Y N Obtained O2 saturation?
- Y N Obtained blood glucose?
- Y N Assessed fetal well-being?
- Y N Obtained appropriate labs (CBC, CMP, LDH, uric acid)?
- Y N Assessed patient for magnesium toxicity?

Y N Correct delivery plan

Y N If fetal bradycardia post seizure, choose correct delivery plan.

Y N If fetal bradycardia resolves after 5 minutes of observation, delivery plan to attempt vaginal delivery?

Y N If 10 minutes after seizure FHR still 60's and mom is awake, alert and with stable vitals, what is delivery plan (c/s)?

Y N Expressed concern for placental abruption.

Part 2

Y N Recognized diagnosis of magnesium toxicity?

Y N Turned off magnesium?

Y N Gave calcium gluconate?

Y N Correct dosage and route of calcium gluconate?

ACOG
THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS
District II

Eclampsia Drill Assessment Tool

Performs key skills in timely fashion

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
0	1	2	3	4	5	6

Performs most management correctly

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
0	1	2	3	4	5	6

Overall performance

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
0	1	2	3	4	5	6

Overall preparedness

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
0	1	2	3	4	5	6

3 Background and Attitudes

Prior OB simulation experience: ☐ Yes ☐ No
Prior Eclampsia simulation experience: ☐ Yes ☐ No

Approximate number of Eclampsia cases you have been involved in: __________

I feel confident in my ability to manage Eclampsia:

Strongly Disagree | Neither Agree Nor Disagree | Strongly Agree

0 1 2 3 4 5 6

Simulation exercises are a valuable tool for obstetrical emergencies.

Strongly Disagree | Neither Agree Nor Disagree | Strongly Agree

0 1 2 3 4 5 6

Simulation exercises should be used regularly for training purposes.

Strongly Disagree | Neither Agree Nor Disagree | Strongly Agree

0 1 2 3 4 5 6

Simulation is helpful for Eclampsia management.

Strongly Disagree | Neither Agree Nor Disagree | Strongly Agree

0 1 2 3 4 5 6

Simulation is helpful for teamwork training.

Strongly Disagree | Neither Agree Nor Disagree | Strongly Agree

0 1 2 3 4 5 6

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