

## SCENARIO OVERVIEW

### Summary of case

A laboring patient arrives in labor and delivery and is placed in a room and on the fetal heart monitor. She has received no prenatal care. She does not have an IV and her prenatal medical history is unavailable. After the nurse assesses her, the patient has a seizure. IV access is obtained. After 10 minutes of monitoring, the patient delivers infant precipitously while seizing. End point is reached when loading dose of Magnesium Sulfate is started.

### Progressive Complexity

- Non-English speaking patient for cultural diversity
- Continue with care of newborn in distress

### Potential Systems Explored

- Activation of emergency response system

### Length

10-15 minutes

### Target group

- Multidisciplinary OB Team
- Physician or Midwife
- Charge Nurse
- Primary Nurse
- Secondary Nurse
- Anesthesia Provider
- Neonatal Team

### Confederates

Father of baby or support person

### LEARNING OBJECTIVES

#### General Learning Objectives

- Communicate effectively with patient/family
- Communicate effectively with team using crisis resource management skills
- Demonstrate safety initiatives including medication safety practices
- Demonstrate safety initiatives including workplace safety practices
- Maintain infection control standards

#### Scenario Specific Objectives

- Identify seizure activity
- Activate emergency team
- Demonstrate management of eclamptic patient according to protocol
- Monitors fetus
- Practice principles of safety for pre-eclamptic patient

#### Debriefing Overview

- Review learning objectives
- Review teamwork skills
- Review interventions for preeclampsia/eclampsia
- Review communication skills including use of SBAR
  
- What went well?
- What might have been done differently/better?
- Share key assessments and interventions/events
- What was learned that can be taken back to the real workplace?

## LEARNER PREPARATION

### Pre-session activity

ACOG: *Hospital, Simulation Center, and Teamwork Training for Eclampsia Management: A Randomized Controlled Trial*, *Obstetrics & Gynecology* 111, No. 3, March 2008.

### Briefing (patient story)

This is a 25-year-old G2 P1 who had no prenatal care, and approximately 30 weeks gestation. She is complaining of a headache and a lot of pain. She has not been admitted and has no IV. Patient and husband waited at home so long because they don't like hospitals and distrust doctors.

### Additional Information, Medical History

No medical history is available at this time except the following:

- Allergies: NKDA
- Medications: none
- OB History: G2 P1, estimated 30 weeks gestation
- Wt: 82 kg/180lbs
- Pelvimetry: unknown
- Past surgical history: negative
- VS: HR 110; RR 28; BP 190/120; T 36 (98)
- FHTs: 150 bpm (Category I)

**When the provider checks patient's cervix, she is dilated to 5/100%/+2 with a bulging bag of water.**

### EQUIPMENT PREPARATION

#### Equipment

- IV supplies
- IV pump
- Crash cart and defibrillator
- Bed side rail padding
- Delivery supplies
- Fetal heart rate monitor

#### Medications

- Antihypertensives
- Antiseizure medications
- Magnesium sulfate

#### Room Preparation

- Labor room

#### Simulator Preparation

- Hybrid simulation: Standardized patient with PROMPT birthing simulator, or
- Full body simulator e.g. Sim3G with wig
- Sim NewB

**EVENTS / PROPOSED CORRECT TREATMENT**

- Documentation:  
Electronic Patient Record
- Place on fetal monitor
- Assess patient
- Communicate effectively  
with patient/family
- Communicate effectively  
with team
- Initiate seizure precautions
- Identify seizure activity
- Call for help
- Obtain IV access
- Call anesthesia
- Notify NICU team
- Support ABCs
- Provide for patient safety  
during seizure
- Monitor patient and fetus  
continually following seizure
- Obtain blood sample for lab work
- Antihypertensives
- Antiseizure medication
- Benzodiazepines
- Hydralazine
- Magnesium sulfate

## Perinatal Simulation Scenarios

### ALGORITHM

<p>Start:</p> <p>HR 90</p> <p>RR 20</p> <p>BP 190/110</p> <p>T 36 (98)</p> <p>Labor status: 5/100%/2+</p> <p>FHR: 150</p> <p>Within 2 minutes, patient begins seizing</p> <p>FHR slows to 120</p>	<p> <b>Expected Pathway</b></p> <p> <b>Caution/review</b></p>
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Call for help  
Support ABC's  
Provide for safety during seizure activity  
Antihypertensive    Antiseizure medications    Benzodiazepine

