

Obstetric Module 4: Trauma and Cardiac Arrest in pregnancy [Last updated 28th February 2013]

Subject Topic	Trauma and Cardiac Arrest in Pregnancy
Framework Profile	
Trainework Frome	
Simulation learning objectives	Moderate severity multi-trauma: assessment, recognition and management
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Target Group	Post Graduate Staff
Delivery method	Power point presentation followed by simulated learning with actor patient.
Timeframe	60 minutes
Resources for session	Telephone number for SCSSC (or local faculty if available) so that participants are able to phone the appropriate
	services as needed
	Telephone number for host site so that Rhesus D status can be given over the phone to the participants Any information leaflets that are available in the host ED.
	Telephone
	Make-up for moulage
	Street clothes
	Femoral splint and pelvic sheeting as used in the host hospital's ED
	Units of O –ve blood, FFP and Platelets
	EdWISE Obstetric module equipment list









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Session Structure - EdWISE PROGRAM - Obstetric Module 1

Timing	Welcome and Introduction	Resource
5 mins	 Welcome and Introduction Provide Housekeeping – Fire Exits, mobile phones on vibrate Provide a summary of what the workshop will involve and the expectations from the participants Introduce yourselves - facilitation team, host team and participants. Include experience of cardiac patients If this is not the first module run on that day, the participants are the same and this has been covered previously, then this section can be missed out. 	Video conferencing unit Enough seats for the participants and arranged in a horseshoe facing the VC unit and camera. Led by the team over VC but with host team supplying information on the fire exits/toilets/etc.
Timing	Main Topic Presentation	
20 mins	Power Point presentation	PowerPoint presentation









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Timing	Familiarisation to Simulation	
5 mins	Introduce students to manikin and simulated learning environment. Include discussion about location of telephones and how to perform investigations. If to use manikin - Introduce students to mannequin & capabilities, including difficulties with communication over distance.	Local faculty to familiarise the students to the environment/ mannequin/actors. Can use the familiarisation video, to guide the local faculty, if needed.
Timing	Simulation	
15 mins	Participant Briefing BAT CALL I - 22 year old woman 36 weeks pregnant. M - Single vehicle MVA 80 km/hr into a pole with 20 minute extrication. I - Closed head injury, sternal pain and right femoral fracture. S - Sats 96% on NRB, RR 25/min, BP 90/50, HR 125, GCS 13 and BSL of 4.5 T - C spine collar, Oxygen via NRB, 2x IVC, 10mg morphine, 500ml saline. Scenario outline Kate is a 22 year-old lady who is 36 weeks pregnant. She was the driver of a car travelling on the motorway. She lost control on some spilled oil and has struck a post at about 80 KPH. The car has rolled and she required extrication from the badly damaged vehicle. She has a moderate to severe closed head injury, sternal fracture and right fractured femur. She is at risk of c-spine injury, pulmonary and cardiac contusions as well as abdominal and pelvic injury. She requires rapid assessment and management in an AcBCDE fashion. Depending upon the skills of the team she may require intubation and further neurosurgical management.	





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Timing	Debrief
10 mins	Key clinical issues:
	The structured assessment and management of severe trauma in a pregnant patient
	Foetal viability (gestation, health of mother)
	Blood and blood products in the pregnant patient
	X-rays in a pregnant patient Key non technical issues:
	Decision making
	Situational awareness – deterioration and hospital resources
	Communication within team and between teams
Timing	Summary
5 mins	Trauma assessment is the AcBCDE approach
	The pregnancy should be assessed after the mother has had her primary survey
	Early involvement of obstetric services as part of the trauma team is ideal
	In cases of cardiac arrest consider causes and perimortem c-section.



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