

## Category 1 Caesarean Section

	Name:	Natalie Brown	Observo	ation at start	CRT:	2s	
	D.O.B.	02/06 (26 years)	RR:	20	Temp:	36.4	
	Address:	(Insert local address)	ETCO2	-	BM:	5.6	
			Sats:	98%	Weight:	102Kg	
	Hospital ID:	398 5516 735	Heart Ro		Allergy	NKDA	
	Ward:	Labour ward	BP:	105/65		<u>]</u>	
		Background to scenario			Specific set up	)	
		n epidural inserted has a		Intubatable mar			
	tal bradycardia requiring a category 1 LSCS. Th						
		is patchy/GA is induced.		CTG showing bro	bradycardia ng in labour room, progress to theatre		
Jna	nticipatea a	lifficult airway is encounte	ered.				
	Poqui	red embedded faculty/a	otore	Airway equipme	equired particip	<u> </u>	
Pati	ent (voice)	red embedded idcolly/do		Anaesthetist	equired particip		
		pe participant)			cian could be p	articipants in MDT	
	•	uld be participant)		sim			
DDF							
			Past Medic	al History			
		2kg, no concerns during p					
		oture of membranes but s			nfusion. 6cm on l	last VE 30 mins ag	
		3h ago, working well. Pa					
		ostetricians concerned at					
	-	ort neck, normal mouth c	pening, Norma	al neck and jaw mo	ovement, thyrom	ental distance	
1cm	1	Drugs Home			Drugs Hospital		
<b>)</b>	1			Orndaria	· · ·		
rnn	egnancy vitamins only			Oxytocin infusion – as local protocol			
ιеć				Enduration			
160				Epidural infusion	- as local protoc	ol	
			Brief to pa	rticipants			
Vat		as been booked for a cat	egory 1 Caesc	rticipants arean section for a	foetal bradycarc		
Vat		as been booked for a cat epidural inserted 3 hours (	egory 1 Caesc	rticipants arean section for a	foetal bradycarc		
Vat		epidural inserted 3 hours of	egory 1 Caesc ago, it is workin Scenario I	rticipants arean section for a ag well. Please asse Direction	foetal bradycarc ss and proceed		
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https://das.uk.com/guidelines/obstetric_airway_guide				
	Guidance for			
Opening lines/questions/cues/key responses What is happening! Will my baby be ok? Keen to be present for birth of baby				
Concerns Concerns for safety of baby				
Guidance for ODP role		G		
Actions Support with difficult airway management Competent but does not anticipate needs				
Cuidence for Dele e v I				
Guidance for Role e.g. IT Expectations/actions	IU/Andestnetic Senior	G		
Can assist depending on local protocol. Ask partic required	participant confidence and ipant what support is	Su		
Session Objectives				
Clinical	Management of Category 1 ( Management of rapid epidur If in-situ – availability and loca Management of difficult airwo	al t Itio		
Non-technical skills				
Teamworking	Coordinating team, exchange	ing		
Task management	Continuous planning, following	g s		
Situational awareness	Gathering information, anticip	bat		
Decision making	Identifying options, balancing	ris		

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## IAOC Simulation

DAS Guidelines for the management of difficult and failed tracheal intubation in obstetrics – 2015 https://das.uk.com/guidelines/obstetric airway guidelines 2015

atient Role

Relevant HPC / PMH

37/40, otherwise fit, no concerns in pregnancy

Spontaneous rupture of membranes

Epidural inserted 3 hours ago, working reasonably well

Actions Distressed if not being listened to

Guidance for Obstetrician roles

Declare Cat 1 LSCS

Concerned about continued foetal bradycardia Support MDT discussions

Guidance for Midwife role

Concerned about foetal bradycardia Support with patient history and bloods if required

aesarean section

l top up

on of medication, monitoring and safe transfer / in Obstetrics

g information, using authority and assertiveness

standards, identifying and utilising resources

ating

isks and selecting options, re-evaluating