## High spinal

## Obstetric simulation

Name	: Claire Mathews	Observation at start		start	CRT:	2s
D.O.B	. 11/02 (28Y)	RR:		18	Temp:	36.5
Address:	: (Insert local address)	ETCO2:		-	BM:	7.2
		Sats:		98% on A	Weight:	65Kg
	113 224 6841	Heart Ro	ate:	60 90/4	Allergy	NKDA
Ward	Labour ward  Background to scenario	BP:			io   Specific set up	
patient has a	a spinal anaesthetic for an	elective	Pregn	nant mannequ		
Caesarean section which develops into a high/total pinal requiring resuscitation/GA			On theatre table, tilt applied Cannulated, IV fluids/phenylephrine connected Anaesthetic induction drugs, airway trolley Anaesthetic chart			
	uired embedded faculty/a	ctors			uired particip	ants
atient				sthetist	·	
artner DDP			J ODP -	- can be parti	cipant in MDI	sim
ostetric team	n/midwife					
		Past Medic	cal <u>Histor</u>	у		
ually fit and	well. P1 G0. No issues durin					
	rean section for breech pr		-		•	ve done.
way MP III, r	ormal mouth opening, nor	mal neck and	jaw mov			
	Drugs Home				Drugs Hospital	
regnancy vitamins				orazole 20mg (	or PPI accord	ling to local
			protocol)			
			Spinal	l anaesthetic	ocal protocol	1
atient underg	placed a spinal anaesthetion	an section for b	Spinal Antibi articipant eavy bu oreech p	anaesthetic otics (acc to los s pivacaine with presentation. S	n 300mcg dia ne is cannula	morphine) for a ted, vasopressor
atient underg		c (2.4ml 0.5% h an section for b tics have been the obstetric	Spinal Antibi Irticipant eavy bu preech p given. H team wh	anaesthetic otics (acc to los sections) pivacaine with oresentation. So her partner is when the anaes	n 300mcg dia he is cannulat vith her in theo	morphine) for a ted, vasopressor atre. Please do
atient underg	going an elective Caesared protocol) is running, antibio eck and communicate with	c (2.4ml 0.5% h an section for b tics have been the obstetric t Scenario	Spinal Antibi riticipant eavy bu preech p given. I team wh Direction	anaesthetic otics (acc to los services of the context of the conte	n 300mcg dia he is cannulat vith her in theo	morphine) for a ted, vasopressor atre. Please do
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Awake a RR 18, sa HR 60, BP	going an elective Caesared protocol) is running, antibiouseck and communicate with Stage 1 and talking as 98% on A 90/45 are lizzy and nauseous	c (2.4ml 0.5% h an section for b tics have been the obstetric t Scenario	Spinal Antibi riticipant eavy bu preech p given. I team wh Direction	anaesthetic otics (acc to los services of the context of the conte	n 300mcg dia he is cannulat vith her in theo	morphine) for a ted, vasopressor atre. Please do
Awake a RR 18, sa HR 60, BP Feeling d Block hei	going an elective Caesared protocol) is running, antibioseck and communicate with Stage 1 and talking as 98% on A 90/45 izzy and nauseous ght C5/T1	c (2.4ml 0.5% h an section for b tics have been the obstetric t Scenario 1, 0– 5 minutes	Spinal Antibi Antibi ricipant eavy bu preech p given. I team wh Direction Deterion	anaesthetic otics (acc to los pivacaine with presentation. So ther partner is when the anaes ating patient	n 300mcg dia ne is cannulat vith her in thea thetic is ready	morphine) for a ted, vasopressor atre. Please do /.
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Guidelines						
Obstetric Anaesthetists Association – High Spinal Block						
https://www.oaa-anaes.ac.uk/ui/content/content.aspx?ID=60						
	r Patient Role					
Opening lines/questions/cues/key responses	Relevant HPC / PMH					
Why do I feel so dizzy	Previously fit and well					
Partner What is going on? Is she going to be OK?	Actions					
Is the baby going to be ok?						
(Very concerned for baby and mother, wants to stay						
with her but not obstructive when asked to step						
outside)						
Guidance for ODP role	Guidance for obstetrician role					
Opening lines/questions/cues/responses/Concerns	Keen to start surgery due to labour ward pressures,					
That blood pressure is quite low, do you need to give	however not prepped or draped until asked to do					
something for it?	so/critical incident declared					
Do you need some more hands in theatre?						
Actions	+					
Depending on level of participant can suggest next						
steps, suggest additional staff or equipment that						
might be needed						
Guidance for Role e.g. ITU/Anaesthetic Senior	Guidance for midwife/theatre team role					
Expectations/actions	Support in their capacity					
Able to support by phone, support with decision	Call for help – but ensure specific team is specified					
making	by participant					
Additional challenges						
Non-English speaking patient						
Partner feints and has head injury						
Session Objectives						
linical Management of patient with high spinal						

## ClinicalManagement of patient with high spinalNon-technical skillsCoordinating activities in emergency (assessing and preparing for GA), exchanging information with MDT, assertiveness in emergency, assessing capabilities of teamTask managementPlanning and preparing for further deterioration/next steps, maintaining standards – using guidelines, identifying and utilising resources – using team to do tasks such as call for help, resuscitationSituational awarenessGathering information as patient deteriorates, anticipating changesDecision makingIdentifying and balancing cause for deteriorating patient, continuous re-evaluation

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