Year 4 Emergencies – Candidate instructions

You have been asked to see Jean Cross, a 32 year old woman who has just given birth and is Bleeding.

They are currently being assessed by a nurse.

You have 10 mins and you are expected to:

- Perform a A to E assessment, asking the nurse for any history, observations and clinical signs (6 minutes)
- Review the investigations and summarise the case, explaining diagnosis and further management to the examiner (4 minutes)

Year 4 Emergencies – Patient instructions

Handover:

- 32-year-old Gravida 6 Para 5, with profuse vaginal bleeding
- After giving birth at 38 weeks gestation

Patient instructions:

- Confirm Name, Age, Gestation if asked

Initial Inspection

- Patient actively bleeding vaginally, blood soaking through sheets
- Pale
- Intervention: Activate Major Haemorrhage Protocol, Call for senior assistance

Airway: Patent

Breathing:

- RR: 18
- SpO2: 98%
- Normal Percussion, Auscultation
- Symmetrical Chest Expansion, No tracheal deviation

Circulation:

Pulse Rate: 140Rhythm: Regular

Blood pressure: 85/64Capillary Refill Time: 3s

- Cardiac Auscultation: SI+II, no murmur

- Fluid balance chart

- Investigations to request: FBC, CRP, ESR, U&Es, LFTs, ECG, Clotting screen, Cross-match, Blood cultures
- Intervention 1: x2 large-bore cannulas, 500ml 0.9% Saline bolus
 - o After re-assessment: HR reduces to 120, BP to 90/70, CRT 3s
- Intervention 2: Transfuse 4 units cross-matched blood, Give Tranexamic Acid
 - After re-assessment: HR reduces to 100, BP to 105/75, CRT to 2s

Disability:

- AVPU- Alert
- Pupils- Reflexes intact, normal diameter, equal
- Investigations to request: Glucose

Exposure:

- Temperature: 36.7
- No rashes, bruising. No signs of vaginal tears/ trauma

Investigation results for candidate at 6 minutes:

- Placenta removed entirely
- Blood cultures negative for infection
- Normal Clotting screen, Normal platelets

Questions for candidate:

Q1: Summarise this case

Q2: What is your most likely diagnosis?

Post-partum haemorrhage, likely secondary to Uterine Atony

Q3: What would your next management steps be?

Conservative: Fundal massage to stimulate contractions

Pharmacological: IV Oxytocin or valid alternative

Surgical: Intrauterine balloon tamponade

<u>Year 4 Emergencies – Examiner marksheet</u>

Washes hand and PPE	
Introduces themselves and checks patient ID	
Good interaction with the nurse	
Systematic A to E assessment	
Appropriate investigations ordered	
Early Involvement of senior	
Reassess	
Correctly interprets investigations	
Provides an accurate, concise case summary	
Correct diagnosis	
Appropriate management	

Global Impression:

Patient Impression/comments:

- Excellent
- Good
- Pass
- Borderline
- Fail