Protocol HELMo

Scenario title

Caesarean section in vital emergency on cord prolapse with ARCF red code

Overview

CARE SERVICE: Birth room
TARGET GROUP: 4 students 4BSF + 4 professional SF CHU Bruyères
ESTIMATED DURATION OF THE SCENARIO: 10 minutes
SUMMARY OF THE SCENARIO: Patient in labor, under epidural who presents a cord prolapse with ARCF. Learners should prepare for a caesarean section and push their head, as well as notify the medical team of a red code.
Fetal monitoring does not deteriorate more than initial monitoring and the mother's status remains stable.
Caution: learners specify when they are ready to transfer the patient to a caesarean section.
-> That ends our sequence.

Educational goals

GENERAL: management of emergency caesarean section with leadership.

SPECIFIC TO THE SCENARIO:

Participants' roles

1. **Student (1) :** Helps the midwife
2. **Professional (2)** : Midwifes who take care of the patient
3. **Formers (2)** : answers the phone

Equipment

-1perf of 1l and 1 perf of 500ml ready

- finger cots

- Hygienic band + alèze

-phone + doc SBAR + BIC + Red Code

-Bac Cesarean: razor, SV at home + diuresis bag + survey set + sterile gloves + AD + syringe / trocar, bottom TED, charlotte, BR 2nd VVP

Scenario preparation

Dummy: Simone

- Cervix

- Foetus in utero with procidence

- Soft uterus

- Urine

- operated shirt

- BH soaked with clear water

- mesh pants

- Monito straps + CTG sensors in place

- Saturometer in place - cuff in place

- Epidural KT + dressing + pump (to fix at least)

- Peripheral KT + perf 1L LP 0.9% (main perf) + perf of 10 IU synto / 500 ML G5% at 24cc /h

Room preparation

-Simone in the center on a semi-recliner bed

-monitor to the left of Simone

-potency on the right + gallows on the left

-table REA NN on the right of Simone

-window under window + REA wagon under window

free cart

Midwife cabinet against left wall

PREPARATION OF ADDITIONAL EXAMINATIONS: /

PREPARATION OF STUDENTS / LEARNERS: professional dress

BRIEFING:

HOUR:

SITUATION: /

DOCUMENTS: /

PATIENT INFORMATION

Name: Age:

First Name: Weight:

Date of birth: Size:

Allergies: / Gender:

Antecedents: /

Medical: /

Surgical: /

Gyneco obstetrics:

Personal treatment:

RECOMMENDATIONS FOR COLOR CODES

The introduction of the color code to prioritize the degree of urgency of caesarean sections brings a benefit in reducing the decision-birth delay, so its use is recommended.

- Use of protocol related to each colour: green, orange, red

Each colour code is assigned a one-hour DD goal for the "green" code

30 minutes for the code "orange"

And 15 minutes for caesareans code "red"

- Know how to diagnose the initial event in time

- These measures must be adapted to structures that must take into account their respective constraints

- Specific reflection must therefore be carried out within each maternity unit after evaluation phase in order to implement appropriate measures.

- Train health staff in the use of protocols

- Perform simulation sessions.

- Raising awareness of the objectives of the NMS and the ongoing discussion about the application of the protocol

- Define the respective roles of each of the stakeholders to accelerate the care while maintaining maximum safety for the mother and the foetus.

- Synchronize the clocks of the delivery room and monitoring systems once a week

- Collaboration with anaesthetic teams: Importance of the quality of communication between the obstetric and anaesthetic teams to optimize care and reduce delays

- An accelerated aseptic procedure for the patient and the operators during red code.

- Importance that each manager:

* Perform a review of the existing to assess the performance of its teams;

Conducts multi-disciplinary work involving midwives, nurses, anaesthetists, neonatologists, obstetricians and administrative officers in order to set up an emergency procedure, for example using the system of codes "colour ".

This procedure must be accepted by all, written, available and distributed regularly;

* hold case analysis meetings to review the effectiveness of these urgent caesarean sections. This approach makes it possible to answer the assignment simultaneously

Evaluation of professional practices;

* Discusses more widely, not only the DDN, but also the event-birth delay.

Set up a file analysis file that is filled daily at the staff. This card makes it possible to note a certain number of elements concerning the indication of the caesarean red or orange code, the deadlines event-birth and decision-birth, the possible complications, the state of the children at birth and their evolution.

Progression of the scenario

Launch of the software:

- Historical monito 30 minutes-> normal r +, moderate V, Cu 5 / 10-> add history

- Modify before starting

- Patient monitor configuration: classic SF Monito + display MFE at startup

- Motherboard setting → initial + check sat

- Put screen Simone room

- Start

- At 2 minutes, launch option MFE -> 4 BSF case 2 (75 bpm)

Monitor configuration	Dummy patient	Student interventions (what we would like to see …)	Messages
Initial state: PA: 12/8 FC: 90 FR: 12 SpO2: 98% Monito fetal: R-, V-, bradycardia at 75bpm	Symptoms, voice Patient is not aware of anything until she sees the FF wiggle -> will be anxious and ask a lot of questions about her baby	-TV -> perception of procidence -call using SF + (anesthesiologist, gynecologist, pediatrician) -monitoring mother -Check permeability pathway first + perf filling -SV at home -check group and rhesus -explain the situation to the	* Priority anesthetic call because risk AG • Shave and low not obligatory • Breakdown of tasks • Stop synto

		patient and support her	

EVALUATION OF THE SCENARIO:

GOOD POINTS:

POINT TO IMPROVE:

REALISM

PROTOCOLS USED:

PROTOCOLS TO SET UP: