



**FAMILY PLANNING SIMS SCHOOL:
D&E HEMORRHAGE SIMULATION CLINICAL SCENARIO
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Supplies:

Mama Natalie (<http://www.laerdal.com/us/mamaNatalie>)
Fake Blood (Can purchase from Mama Natalie website)
Styrofoam peanuts or stale bread (D&E “products of conception”)

D&E equipment

Speculum
Tenaculum
(Cervical dilators)
Suction Canula (with MVA/EVA)
Forceps (e.g. Sopher or Bierer)

Paracervical Block Equipment

Spinal needle
Syringe
“lidocaine”

“Ultrasound” (ultrasound images)

“Vital monitor” (vitals on display cards)

Location:

Any clinic setting with exam bed

Man Power:

2 Clinical instructors (observer and ‘Nurse’)
3-4 learners
1 Simulated patient

Clinical Background (the following paragraph will be read to the resident upon starting the scenario):

Rebecca Ryan is a 29 yo G2P1001 who was diagnosed yesterday with a second trimester IUFD. She presented for a routine anatomy scan at which time the IUFD was diagnosed. She is 19 weeks by dates and 18+3 by u/s. She has been talking with her husband and her obstetrician about her delivery options including expectant management, induction of labor, and D&E. She is obese with a h/o mild asthma. She had a c-section without complications 2 years ago. She presented at FCC pre-op clinic on Wednesday where she was counseled and decided to proceed with the D&E. She had 6 laminaria placed uneventfully. She presents today for her procedure at the outpatient clinic where these procedures are typically done under moderate sedation.

Clinical Scenario:

Key Points:

<p>The resident and attending perform a standard D&E. The attending will monitor the steps performed and coach when necessary.</p> <p>The uterus feels empty and the u/s demonstrates a moderately thin endometrial stripe. (show thin stripe on ultrasound)</p>	<p>Did the resident do the following:</p> <ul style="list-style-type: none">• Surgical pause (Time Out)• Confirm appropriate level of sedation before starting• Confirm need for cervical block +/- vassopresin• Overall D&E simulated
<p>Uterine atony develops with brisk bleeding noted (attending comments “that’s quite a bit of bleeding”). VS: HR 110, RR20, BP 120/70 The u/s image changes to indicate a thickened stripe</p>	
<p>Attending prompts resident for a DDX list and medical management of atony.</p>	<p>Did the resident demonstrates complete DDX of hemorrhage</p> <ul style="list-style-type: none">• Atony• Retained POCs• Perforation• Cervical/vaginal laceration• DIC• Placenta accreta
<p>The uterus feels a little boggy. Bleeding continues</p>	<p>Did the resident demonstrates knowledge of medical management of atony</p> <ul style="list-style-type: none">• Methergine• Cytotec• Hemabate• Pitocin
<p>The nurse asks for an update and how she can help. Continued bleeding VS: HR 128, RR20, BP 100/50 Nurse asks if she should call for blood or for help Attending prompts resident for other interventions (foley vs. Bakri vs. transfer), prompt resident for labs that might be desired</p>	<p>Did the resident :</p> <ul style="list-style-type: none">• Request for additional help from nurse• Demonstrates ability to update nurse• Demonstrate/communicate need for fluid resuscitation/ blood products• Demonstrate conservative interventions for uterine atony<ul style="list-style-type: none">- Bimanual massage- Foley bulb- Bakri Balloon
<p>Continued bleeding VS: HR 140, RR22, BP 90/40 Bleeding through catheter of foley vs. Bakri</p>	<p>Scenario ends when resident calls for transfer to Main OR for hysterectomy or to IR</p>

Examples of ultrasound pictures can use:

