## **Cardiac Arrest in Pregnancy**

#### Information for facilitators

This teaching session is designed to be delivered by the roadside to a small group. It generally runs for 20 minutes followed by a debrief of approximately 20-25 minutes (40-45 mins total).

### Aim

The aim for this session is to provide prehospital ALS in pregnancy with special considerations for changes in management.

### What you will need

There are **THREE** components to this session:

Page 2 contains background information that can be read to the group and an expected sim progression.

Page 3 contains details of the scenario with expected progression for the sim technician.

Page 4 contains the checklist for facilitators to fill out during the scenario and a list of equipment required.

## **Cardiac Arrest in Pregnancy**

### Introduction

"You are responding to a Category 1 call of a 34-year-old female at a home address who is 36 weeks pregnant and not breathing.

You are 3 minutes from scene."

### **Expected Progression**

- Continue ongoing ALS management.
- Maximise team leadership and effectiveness.
- Manage pregnancy as a special consideration in ALS.
- Recognise the need for a rapid hysterotomy once initial interventions have failed.

Case title	Cardiac arre	ardiac arrest in pregnancy		Sim no.	PRU 12
Setting	Inside a room	Patient age	34	Patient sex	F
Diagnosis	Massive PE causing PEA arrest  Curriculum code				
Injuries	<ul> <li>PEA cardiac arrest</li> <li>PE</li> <li>36/40 week pregnant</li> </ul>				
Staff required	1 x PRU Paramedic, 1 x PRU Doctor, Ambulance staff				
Learning objectives	<ol> <li>To manage ALS in pregnancy in the prehospital environment</li> <li>Provide effective leadership</li> <li>Perform a resuscitative hysterotomy</li> </ol>				

### **INITIAL SETUP**

Observations		Arrival route	N/A		
HR	140		E 1 V 1 M 1 = 3/15	Carers?	None
RR	0	GCS		Visible external findings: 36/40 gravid uterus.  Progression: BLS ongoing from initial crew. Non shockable	
SpO2	UTR	Pupils	4mm		
ВР	UTR	Temp	35.7°C		
CRT	-			rhythm. No response to initial interventions.  Hysterotomy delivers a live infant. No response for mother.  Rhythm deteriorates to asystole over the next 20 minutes.	
Glucose	8.1	Weight	80 kg		
Equipment on arrival	Standard response bags	Additional info	Adult mannequin. Hysterotomy trainer.		

# Cardiac Arrest in Pregnancy

DOMAIN	TASK	TIME	DONE
Preparation	Role allocations		
	Disposition discussions		
Initial Actions	Scene safety		
	Information gathering		
	Introductions to individuals on scene		
	Early update to control and further resources		
Assessment	Ensure BLS ongoing		
	Early confirmation of rhythm		
	4H's and 4T's		
Interventions	BLS		
	Manual displacement of gravid uterus		
	Airway management (early ETT)		
	IV access		
	Adrenaline		
	Hysterotomy		
	Haemostatics +/- abdominal closure		
Decision-Making	Early decision for plan to perform hysterotomy		
	Leadership and ensuring interventions complete		
	End of Life (EoL) considerations		