



Eclampsia

Rating Levels:

- 1 – Team meets all criteria
- 2 – Team meets criteria with minimal prompting
- 3 – Team requires retraining to meet criteria

Rating Team Competency Criteria:

OVERVIEW

The care team will:

- 1) Listen to the initial **scenario** presented by the group facilitator
- 2) Hold a **briefing** session to discuss risk factors and roles after the facilitator presents the initial case (limit to five minutes)
- 3) Simulate patient care management (**teamwork in action**). The facilitator intervenes as little as possible. (limit to 30 minutes)
- 4) Participate in a structured **debriefing** lead by the facilitator. (approximately one hour)

Videotape to playback sections during debriefing if possible.

INITIAL SCENARIO

“A woman has just presented to your unit. As she called ahead, you had an opportunity to review her prenatal record. She is a 41year old G3P0020 at 35 weeks by LMP consistent with an eight week ultrasound that has a history of obesity and has been diagnosed with gestational hypertension. When she arrives, she states she has a terrible headache, she has not been able to rest in bed, and in general does not feel “right”

“What risk factors have you identified for pre-eclampsia and eclampsia?”

Brief: Identifies Risk Factors

☐ Pre-Eclampsia

- Nulliparity
- Maternal age > 40
- Multiple gestation
- Preeclampsia in a previous pregnancy (particularly if prior to 32 wks or severe)
- Chronic hypertension
- Chronic renal disease
- Antiphospholipid syndrome
- Elevated body mass index
- Diabetes mellitus

☐ **Eclampsia**

- Diagnosis or symptoms of pre-eclampsia
- Note that 20 percent of patients with eclampsia have normal B/P
- 30 percent of eclamptic cases develop during the postpartum period
- Severe, persistent headache, visual disturbances, epigastric pain, and restlessness can be warning signs of impending eclampsia

"Identify how you will provide seizure prophylaxis and precautions for this woman."

Brief: Verbalizes Seizure Precautions for At-Risk Patients

- ☐ Magnesium sulfate is the drug of choice for patients with a diagnosis of pre eclampsia and for treatment of eclamptic seizures
- ☐ Assess regularly for signs of impending eclampsia
- ☐ Notify provider of worsening signs
- ☐ Provide quiet, pleasant environment with limited lighting and visitors
- ☐ Ensure oxygen and suction are readily available for maintaining patent airway and oxygenation
- ☐ Have plenty of blankets in the room for padding side rails if needed

Brief checklist: Team preparation

- ☐ Who is on core team? Ensures adequate staffing for delivery (whenever feasible, have two nurses present for delivery)
- ☐ All members understand and agree upon goals?
- ☐ Roles and responsibilities understood?
- ☐ Plan of care?
- ☐ Staff availability?
- ☐ Workload?
- ☐ Available resources?

"You have just finished obtaining vital signs on your patient. Her blood pressure was 180/112. As you leave the room to call the primary physician, she began to seize. What will you do next?"

Facilitator now observes the team in action to evaluate their performance.

Facilitator throws in challenges: significant other passes out or objects to needed intervention, magnesium not available, bed unplugged, language barrier ...

Teamwork in action: Intervenes appropriately during a seizure

- ☐ Call for help
- ☐ Airway, breathing, circulation
- ☐ Focus on patient safety: fall precautions
- ☐ Monitor fetal status
- ☐ Magnesium sulfate
- ☐ When stable, move to delivery

“The patient stops convulsing after about one minute. The physician is en route, and has given a telephone order for a 6gm bolus of magnesium sulfate. What assessments and interventions will the team perform after her seizure?”

Teamwork in action: Performs post-ictal assessment and interventions

- ☐ Assesses airway and provides suction, if needed
- ☐ Start a large bore IV line as soon as possible, if not already in place
- ☐ Ensures maternal oxygenation
- ☐ Ensures fetal oxygenation through continuous EFM
- ☐ Provides quiet, pleasant environment with limited lighting
- ☐ Administers magnesium sulfate infusion
- ☐ Monitors for uterine contractions (seizures frequently stimulate labor)
- ☐ Assesses for abruptio placenta (occurs in 23 percent of eclamptic patients)
- ☐ Assesses for signs of HELLP syndrome and DIC (higher incidence of HELLP/DIC in eclamptic patients)
- ☐ Assesses and treats severe hypertension, if present
- ☐ Keeps strict input and output
- ☐ Corrects maternal acidemia if indicated by maternal blood gases
- ☐ Initiates delivery (if not already in labor, assess for favorable cervix for induction. If not favorable, and less than 30 weeks gestation consider option of primary cesarean delivery.

“The patient’s blood pressure is 178/114. What action will you take now?”

Teamwork in action: Intervenes and assesses for severe hypertension

- ☐ Establishes a goal of achieving blood pressure below 160 / 110
- ☐ Labetolol 10 mg¹ slow IV push over two minutes (if ineffective, may double the dose to 20 mg then to 40 mg then to 80 mg giving a dose every ten minutes until target blood pressure is reached; max dose 300 mg in 24 hour)
IF not controlled with 80 mg IV then switch to hydralazine 10 mg
 - Monitor B/P every two minutes during administration for at least ten minutes (consider first line agent). Contraindicated with asthma, heart disease or congestive heart failure.

OR

- ☐ Hydralazine 5 mg IV push, administered no faster than 2mg/min (may repeat after 20 minutes if needed.)
 - Monitor B/P every two minutes during administration and until peak effect at 20 minutes
 - May repeat 5 to 10 mg IV every 20 to 40 minutes

Teamwork in action teamwork — Core tools:

- ☐ **Huddle** (for critical issues and emerging events)
- ☐ **Situation Monitoring:** STEP (Status of patient; Team members; Environment; Progress towards goal)
- ☐ **Shared Mental Model**

- ☐ **SBAR** (Situation; Background; Assessment; Recommendation)
- ☐ **Check back** (closed loop communication)

Teamwork in action teamwork — Other appropriate tools:

- ☐ Cross monitoring (monitoring actions of other team members)
- ☐ Feedback (Timely; Respectful; Specific; Directed toward improvement; Considerate)
- ☐ Advocacy and assertion (Advocate for patient; Assert corrective action in firm and respectful manner)
- ☐ Two-challenge rule for informational conflict; Anyone can “stop the line” after concern voiced twice
- ☐ CUS (I’m Concerned; I’m Uncomfortable; This is a Safety issue)
- ☐ DESC script for personal conflict (Describe; Express; Suggest; Consequences)
- ☐ I’M SAFE checklist (Illness; Medication; Stress; Alcohol and Drugs; Fatigue; Eating and elimination)
- ☐ Collaboration (Win/win; commitment to common mission)
- ☐ Call out (for critical information)

“Your patient is delivered and the neonate is stable. What complications will you assess for in the mother and infant?”

Teamwork in action content: Assesses possible maternal complications

- ☐ Airway, breathing, circulation
- ☐ Mental status
- ☐ Trauma
- ☐ Tongue biting
- ☐ Postpartum hemorrhage

Teamwork in action content: Assesses possible neonatal complications

- ☐ Hypoxic brain injury (Obtains cord blood gases)
- ☐ Death

“When and how will you discuss the emergency with the family?”

Discusses effective communication with patient and family members

“Tell me about what you will document and what forms are needed in your facility for adequate documentation (including applicable policies).”

Discusses adequate documentation

“Is there a plan in your facility to debrief emergency situations? What can be learned and/or gained from debriefing session?”

_____ **Debriefing**

- ☐ What went well and why?
- ☐ What could have gone better and why?
- ☐ What would you do different next time?
- ☐ Communication clear?
- ☐ Roles and responsibilities understood?
- ☐ Situation awareness maintained?
- ☐ Workload distribution?
- ☐ Did we ask for or offer assistance?
- ☐ Were errors made or avoided?
- ☐ Did our team have a shared and understood plan of care?

Facilitator now discusses team performance during the drill, reviewing points of success and recommendations for improvement.

Date: _____

Observer: _____ Title: _____

Participants:

_____	_____
_____	_____
_____	_____

Summary of Training:

Competency Validated (circle one) YES NO

If no, discuss the areas of concern and repeat the scenario and document below

Competency Validated following remediation YES NO

If no, unit leaders must be informed so re-education and training can be addressed

¹ Roberts JM, et al. *Hypertension in Pregnancy*, ACOG (2013).