

CODE: 015
 Question: Obstetrics Type: Elerg Author: Dr. M. Cassidy

Opening Scenario:

29 yo female G6 P4 with 3 previous C/S presents at 36wk with antepartum hemorrhage. Surgeon requests immediate C/S.

Path of question:

First: Patient stable, can wait up to 12 hr

Second: Patient unstable requires rescue before immediate induction

History - Anaesthetic: 3 previous GA's without problems

Medical: Smoker 1 ppd

Medications: Vitamins

Other: N/A

Major points of additional information to be provided to the candidate, e.g., hx, px, labs, x-ray, consults:

Physical: HR-BP-RR: 110-105/70-24 Weight: 75kg Airway: easy

Respiratory/CVS: BP drop dependent on path of question

Other:

Lab: Hgb/plt/O₂ sat: 120/150,000/94% on RA Na/K/Cl/Glu: N/A

Other:

X-ray: (only if asks) Ultrasound at 32wks showed anterior placenta partially covering os.

Consults:

Major decision points (major decision points or options which must be recognized by the candidate)

- 1) First decision is to see how long patient can wait for steroids, X-match, etc.
- 2) Regional vs GA.

Any followup information required to lead to the end of the question

Follow-up info: Placenta previa plus accreta present with anterior placenta
 Skilled surgeon who is willing to do this under regional
 Post section bleeding required use of PGF2a

Critical features to be included i.e. the *must* have to pass the question or to be considered *completely unacceptable*

Major critical features: Recognize urgency but slight advantage of waiting if possible
 Critical pre-op: X-match (blood in suite), fetal monitor, 2 large IVs, ?aspiration prophylaxis

Monitors: Standard plus FHR, ?art line & CVP

Induction: Standard if stable for regional, ketamine if hypotensive

Intra-op: Be prepared for big red!!!! Should be able to cover long enough for Cesarean hysterectomy.

Post-op: Close watch for postpartum bleeding.

Fail if? Don't recognize and prepare for potential blood loss. Don't address stability of mom & babe.