

CODE: 017

Question: Obstetrics

Type:

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Opening Scenario:

You are called to the OBS for an urgent C/S. The patient is a 23 y.o. woman at term who has been in labour for 12 hours. She has an epidural in place that has not been working very well and now there have been some late decelerations on FHR monitor. "Epidural not working well" - Frequent top-ups in addition to infusion + Fentanyl - total 200 µg over 4 hours.
- Pt still quite uncomfortable - mostly L side

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

Hx - Healthy, uncomplicated pregnancy
- Previous GA - Pt. is concerned because had tooth knocked loose with considerable bruising of lips and tongue.
Rx - A/W - Prominent teeth, receding chin - Mallampati IV
If ask Obstetrician - FHR recovered and stable at this time - He could wait 10-15 min. but is very concerned about anything longer.

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

Needs to decide quickly course of action - epidural will probably not work and will only waste time - will be boxed into a corner to do GA.
Best option - forget epidural and go straight to spinal
Weigh risks GA Vs. Spinal - to mother, to fetus
Conduct of spinal - especially with distressed fetus - Dose of local anaesthetic
- Volume loading
- Vasopressor of choice

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

Spinal works too well - pt. complains of numb fingers and heavy chest
- Usually not necessary to convert to GA and intubate - reassure and monitor oximeter.
Surgeon has difficult delivering head through incised uterus - manipulation of uterus causes contraction - surgeon asks for relaxation.
- Choices - NTG

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

Must decide quickly course of action - Show understands limitations of epidural
- Show has experience of spinal anaesthesia in OBS - e.g., high block
Must appreciate significance of A/W assessment
When NTG doesn't work - ?choice - awake intubation - what about fetus? or induce GA

Ref. RCEXAMAT FORM June, 95
USED: