Maternal Code Blue Simulation Scenario 2:

36 y/o G1P0 at 41 weeks being induced for post dates. No epidural. 2cm dilated. Nurse called to room for patient c/o SOB.

Nurse arrives and patient c/o SOB and chest discomfort. Sat reading 98%. FHR 60

Note: BP cuff is already on patient but has not been cycled. Mom directly on her back.

Nurse should attempt LUD, and apply Oxygen. FHR still 60.

Nurse calls OB to evaluate Fetal tracing.

Now OB and Nursing present in room.

If they ask for BP, BP cuff is cycling but no reading.

Patient now states she is feeling like she is going to faint and is very nauseated.

BP reading now comes back 76/30.

Call for Help. (near arrest. Better to get people present early!) Anesthesia arrives also and code cart brought in.

Open fluids wide open.

It has now been 2 mins and FHR 50. Mother is spontaneously breathing with Sat 95% on Non rebreather. Should we transfer to OR for persistent fetal bradycardia?

Must assess patient’s rhythm. Need her on cardiac monitor. Is she having an MI?

EKG reveals narrow complex with rate 180 (SVT)

RX: Adenosine 6mg

Rate slows to 120 but quickly returns to 160.

Second dose of Adenosine. (12 mg). Patient becomes asystolic for 5 seconds, and then returns to 160. BP 65/40

Need to cardiovert patient. Synchronized with 100J.

Rhythm now SR at 90. BP 90/55
Patient a little more alert now.

Would you transport to OR now. (FHR has been low for 4 mins)

Comments/Critique from Group #1

Discussion Points:

Get help early. Ask for code cart/defibrillator early. No harm in having it available.

Circulation, Airway, Breathing (CAB)

LUD important.

Maternal hypotension was causing Fetal Bradycardia. Needed to correct problem in mother. Must stabilize mother prior to transport to OR.