

2. Eclampsia Drill Assessment Tool

PART 1

- Y N Recognized eclamptic seizure
- Y N Called for help:
 - Y N OB
 - Y N Anesthesia
 - Y N Peds
 - Y N OR
 - Y N Assistant, senior resident or staff
- Y N Noted time
- Y N Correct patient positioning (left lateral)
- Y N Fall prevention
- Y N Airway assessment
- Y N Airway management
- Y N IV access obtained
- Y N Correct pharmacological intervention – magnesium sulfate.
 - Time to magnesium administration

- Y N Correct IV dosage of magnesium sulfate (4-6 gm bolus – textbook answer)
 - How to give magnesium on labor and delivery:
 - Y N IV dosing?
 - Y N IM dosing?
- Y N Correct time over which to give magnesium sulfate bolus (over 15-20 min)
- Y N What is the maximum concentration you can give magnesium IV (20%)
- Y N What is the maximum concentration you can give magnesium IM (50%)

- Y N Correct dosage of repeat magnesium sulfate (may repeat with 2 gm bolus over 3-5 min)
- Y N Alternate agent if already seizing through therapeutic doses of magnesium sulfate? (sodium amobarbital, valium, dilantin, lorazepam, ativan)
- Y N Correct dose of alternate agent?
 - After seizure management:
 - Y N Obtained vital signs?
 - Y N Obtained O2 saturation?
 - Y N Obtained blood glucose?
 - Y N Assessed fetal well-being?
 - Y N Obtained appropriate labs (CBC, CMP, LDH, uric acid)?
 - Y N Assessed patient for magnesium toxicity?
- Y N Correct delivery plan
- Y N If fetal bradycardia post seizure, choose correct delivery plan.
- Y N If fetal bradycardia resolves after 5 minutes of observation, delivery plan to attempt vaginal delivery?
- Y N If 10 minutes after seizure FHR still 60's and mom is awake, alert and with stable vitals, what is delivery plan (c/s)?
- Y N Expressed concern for placental abruption.

PART 2

- Y N Recognized diagnosis of magnesium toxicity?
- Y N Turned off magnesium?
- Y N Gave calcium gluconate?
- Y N Correct dosage and route of calcium gluconate?

2. Eclampsia Drill Assessment Tool

Performs key skills in timely fashion

Strongly Disagree

Neither Agree Nor Disagree

Strongly Agree

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6

Performs most management correctly

Strongly Disagree

Neither Agree Nor Disagree

Strongly Agree

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Overall performance

Strongly Disagree

Neither Agree Nor Disagree

Strongly Agree

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Overall preparedness

Strongly Disagree

Neither Agree Nor Disagree

Strongly Agree

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Safe Motherhood Initiative



BACKGROUND AND ATTITUDES

Prior OB simulation experience: Yes No

Prior Eclampsia simulation experience: Yes No

Approximate number of Eclampsia cases you have been involved in: _____

I feel confident in my ability to manage Eclampsia:

Strongly Disagree

Neither Agree Nor Disagree

Strongly Agree

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Simulation exercises are a valuable tool for obstetrical emergencies.

Strongly Disagree

Neither Agree Nor Disagree

Strongly Agree

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Simulation exercises should be used regularly for training purposes.

Strongly Disagree

Neither Agree Nor Disagree

Strongly Agree

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Simulation is helpful for Eclampsia management.

Strongly Disagree

Neither Agree Nor Disagree

Strongly Agree

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Simulation is helpful for teamwork training.

Strongly Disagree

Neither Agree Nor Disagree

Strongly Agree

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