Overview of the scenario	Aspiration of gastric content at the time of category 1 GA caesarean section for fetal bradycardia
Learners	All members of the obstetric theatre MDT. Anaesthetists, ODP / anaesthetic nurses, obstetricians, scrub staff, recovery staff.
Suggested clinical learning outcomes	Knowledge of local guidelines to reduce risk of acid aspiration including knowledge of pharmacological agents (mechanism of action, dose, duration of action, contraindications / side effects) Recognition and management of acid aspiration at the time of induction of GA Post-operative care following acid aspiration
Suggested non-clinical learning outcomes	Software: Local guidelines on risk reduction for acid aspiration. (Is this up to date to reflect the withdrawal of Ranitidine?) OAA/DAS intubation guidelines available in theatre AoA QRH (quick reference handbook) available in theatre Hardware: Consider safe storage of medication including sodium citrate in theatre. (Drug error example: Monsel's solution 30ml in a brown bottle confused for sodium citrate on the top of an anaesthetic machine) Is all the equipment available for management of gastric content aspiration? Environment: Noise levels – at the time of a GA section, noise levels in theatre can be high, with many teams talking. Is sodium citrate available in theatre, any obstructions to its use? Suction equipment functioning and of adequate length Enough staff are present to alter position of Mother if requested? Teamworking: Declare the emergency, mental model to be shared with the whole team at time of emergency Clear leadership is paramount Use closed loop communication Do all the team understand what the emergency is?
Scenario	31year old Po attends triage with reduced fetal movements. Found to have fetal bradycardia. Transferred to theatre for category 1 caesarean section. Mother is fit and well, no allergies, airway assessment all normal – low risk for difficult intubation. Last ate full meal 1 hour ago. Depending on the time you have for the simulation you could run this simulation right from triage – with a focus on communication across teams to enable rapid transfer to theatre.

	In theatre, the Mother has a rapid sequence induction. Clear aspiration is seen on laryngoscopy. Mother desaturates and requires head down position, suction followed by ventilatory support.
Debrief topics **Following your simulation, consider how you will disseminate crucial learning points with the wider MDT.**	Was communication between triage and theatres clear to open a theatre for a category 1 CS? Did the team recognise aspiration and was treatment appropriate? In view of the full stomach, if the mother had not aspirated on induction, what measures would you have introduced to reduce the risk of aspiration on extubation? How did early MDT involvement improve the management of this case? Did the team feel well able to manage this situation? Did they think anything could have made the management of this case easier? If they came across this scenario again what would they do differently?