Overview of the scenario	Sepsis in antenatal parturient following feticide
Learners	Obstetricians, anaesthetists, midwives, intensive care team
Suggested clinical learning outcomes	Recognition of sepsis Initial assessment and early management of sepsis Knowledge of local antibiotic policy Sepsis care bundle
Suggested non-clinical learning outcomes	Software: Standard operating procedures up to date for management of sepsis. Obstetric early warning scoring system in place Critical care pathway including documentation, access to critical care staff and escalation pathways in place. Hardware: Access to appropriate patient monitoring, pumps, transfer equipment Environment: Do you have all the monitoring / staff / equipment in the area that you are caring for the patient. Teamworking: Early team recognition of severity of sepsis Sharing mental model Liaising with appropriate team members including intensive care, microbiology. Closed loop communication at all times. Clear handover when new members of the MDT arrive Senior MDT input early
Scenario	35 year old P1, has undergone feticide for congenital abnormalities at 22 weeks. Feticide was very long and difficult, performed 18 hours ago. Patient started complaining of abdominal pain and offensive PV loss and attended triage. Observations on arrival, HR 135 BP 95/65, RR 24bpm Saturations 95% on air. Her symptoms worsen as she starts contracting. Observations deteriorate. She becomes unresponsive with HR 168 and BP unrecordable but weak carotid pulse. She requires oxygen, fluids, vasopressors, antibiotics and evacuation of uterus. Intensive care and microbiology input The scenario can progress to involve transfer to theatre for evacuation of uterus with cardiac arrest, if the full team are to be involved. Or deterioration leading to cardiac arrest can occur on the ward.
Debrief topics	Did the team recognise the severity of the sepsis early? Was there a good team approach to initial investigations,

Following your simulation, consider how you will disseminate crucial learning points with the wider MDT.	management and resuscitation of the patients? Were all the necessary MDT involved? How up to date is your knowledge on sepsis? If you had this case again, is there anything that you would do differently?