

Overview of the scenario	Suspected epidural haematoma in postnatal woman
Learners	Anaesthetists, midwives, obstetricians
Suggested clinical learning outcomes	<p>Knowledge of normal epidural block regression</p> <p>Knowledge of differential diagnosis for a persistent block</p> <p>Knowledge of presenting signs of epidural haematoma</p> <p>Knowledge of local referral pathways for neurosurgical emergencies both in hours and out of hours</p>
Suggested non-clinical learning outcomes	<p>Software: Standard operating procedures up to date for: neurological monitoring after obstetric neuraxial block, escalation plan for neurosurgical emergencies</p> <p>Hardware: Escalation to seniors easy to facilitate. Access to in and out of hours MRI / CT imaging</p> <p>Teamworking: Leadership (maintaining overview), sharing mental model with wider MDT, allow for MDT discussion / planning, coordination with seniors / Delivery suite</p> <p>Communication will likely need to be between different hospitals, maintain a closed loop, clear communication style. (Consider running this drill as an organised simulation in collaboration with your local neurosurgical referral centre)</p>
Scenario	<p>39 year old woman with history of PET (platelets 100, BP 140/80 on bd labetalol 200mg) has an epidural sited during labour.</p> <p>2 anaesthetists are required, as epidural placement is difficult.</p> <p>Low dose epidural infusion is used during labour (as per local trust guideline).</p> <p>She is comfortable during labour, needing no other top ups. Routine observations have been taken as per local guidance.</p> <p>Epidural catheter is removed immediately after her normal vaginal delivery, 10 hours after original insertion.</p> <p>Now, 4 hours after her epidural was removed, she is on the postnatal ward, complaining of pain in her lower back (worse on coughing) and a numb left leg. She is unable to move her feet or her knee on the left side.</p> <p>The feeling of numbness is worse now than when her epidural was in and working.</p>
Debrief topics	<p>Did the team feel well able to manage this situation?</p> <p>Did they think anything could have made the management of this case easier?</p> <p>Did they consider differential diagnosis for the deteriorating neurology?</p> <p>How easy was it to get the investigations that you wanted?</p> <p>If they came across this scenario again what would they do differently?</p> <p>Now consider encountering this same scenario but at night.</p>