

Overview of the scenario	Remifentanil overdose on delivery suite
Learners	Obstetricians, anaesthetists, midwives, neonatal team
Suggested clinical learning outcomes	Recognition of opiate overdose Knowledge of treatment algorithm for remifentanil overdose Differential diagnosis for the unconscious parturient
Suggested non-clinical learning outcomes	Software: Standard operating procedures up to date for management of remifentanil PCA in labour, including the requirement for 1:1 midwifery care at all times whilst on PCA. Availability of opiate overdose emergency checklist. Midwifery training programme for caring for women on remifentanil PCA in labour. Hardware: Emergency buzzer system working, escalation to seniors easy to facilitate, naloxone readily available on delivery suite. Equipment available including pen torch for pupil assessment, resuscitation trolley with bag-valve mask. Environment: noise level, space adequate, lighting sufficient Teamworking: leadership (hands off, maintaining overview), communication (closed loop, clear), sharing mental model, MDT discussion / planning, coordination with seniors / Delivery suite
Scenario	28 year old woman, 39 weeks pregnant, IOL for small for gestational age and reduced fetal movements. Commenced on remifentanil PCA for pain relief in labour (mother's choice). 5cm dilated. Midwife notices mother slumped in bed. Not responding to commands and respiratory rate 5 breathes per minute. The specifics leading to this scenario can include PCA attached to a cannula via an inappropriate line, or PCA pump set wrong or a woman left unattended once initially started on PCA, or use of remifentanil PCA for a woman with an intrauterine death.
Debrief topics Having performed a debrief, consider how you will share this useful learning with your team members, who were not able to attend the simulation	Did the team feel well able to manage the unconscious parturient? What differential diagnosis were considered for a reduced conscious level in labour? Could anything have made the management of this case easier? Was naloxone accessible in a timely manner? If the team came across this scenario again, what would they do differently?