Overview of the scenario	Epidural top up for emergency caesarean section leading to a total spinal
Learners	All members of the multi-disciplinary team in obstetric theatre including anaesthetists, ODP / anaesthetic nurses, obstetricians and midwives
Suggested clinical learning outcomes	Recognition of total spinal Early management of cardiovascular compromise Management of respiratory compromise with good communication and prompt action
Suggested non-clinical learning outcomes	Software: Standard operating procedure for the management of epidural top up for operative delivery including where to top up and monitoring required. Emergency algorithm for high spinal available in theatres Standard operating procedure for general anaesthesia for operative delivery OAA/DAS failed intubation guidelines available in theatre Clear escalation policy for critical incidents in obstetric theatre Hardware: portable monitoring equipment available if unit policy includes topping epidurals up in the room HELP pillow available for obese parturient requiring GA Videolaryngoscopes available Infusion pumps available for vasopressor infusions Environment: All obstetric theatres are equipped to enable swift progression to GA for obstetric parturient Staff aware of critical incident as it is occurring and keeps noise level to a minimum Teamworking: Good communication regarding the evolving critical incident as the epidural top up rises rapidly Anaesthetist shares mental model of evolving situation with the MDT in theatre Closed loop communication Appropriate escalation for more help Early intervention with cardiovascular and respiratory support Consideration of PPE if required
Scenario	36 year old Para 1 in spontaneous labour keen for a VBAC. Has a BMI 43. Epidural sited in labour 6 hours ago. Difficult insertion with depth at 9cm. PCEA set up. Woman has not been proactive in pressing her PCEA button over last few hours as had been sleeping. Prior to this the epidural had been working well. Category 1 caesarean section is requested by the obstetric team for pathological trace. Anaesthetist decides to top up the epidural (either in the room

	or in theatre depending on unit policy). Block rises rapidly causing hypotension and bradycardia followed by difficulty moving arms and eventually inability to maintain respiratory effort. Parturient required vasopressors to support BP and intubation and ventilation. **if time allows, the scenario could become a failed intubation.
Debrief topics **Following your simulation, consider how you will disseminate crucial learning points with the wider MDT.**	Did all of the team understand what was happening? 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?