



Recap Day 1



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1000 mothers die every day

What is most common cause in the world?



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Haemorrhage



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How can we stop mothers dying?



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A B C D E!



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- Why should we use ABCDE?





- We need a system when stressed
- Easy to remember
- Treats most urgent things first





A?



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Airway



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B?



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Breathing



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C?



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Circulation



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D?



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Disability (Conscious level)





E?



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Everything Else



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What are the first things to do?



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- Call for Help

- Then ASSESS & TREAT





- How do you assess Airway?





- LOOK LISTEN FEEL
- Feel breaths
- Look in mouth/ at chest
- Listen breathing
- Snoring? Gurgling?





How do you treat Airway problem?



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- Chin Lift
- Jaw Thrust

- Oro-pharyngeal airway
- Lateral position (not lying flat on back)
- Suction
- Intubation





- How do you assess Breathing?





- Count breathing rate
 - Normal <20. Critical >30/min
- Listen lungs
- Pulse oximetry
- Cyanosis





- How to treat Breathing Problem?





- **OXYGEN**
- Nasal Prongs 2-4L
- Mask >5L
- Bag & Mask
- Intubate & Ventilate





How do you assess circulation?



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Pulse <100

Capillary refill time (>2secs)

Blood pressure >100

Conscious level

urine output

skin colour, feel





How do you treat shock?



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IV cannula - big
IV fluid FAST!!!

R Lactate/N Saline/Blood
500ml or 1000ml

REASSESS and REPEAT!!!

Stop bleeding



Disability (Conscious Level)



How to assess conscious level?



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AVPU

What does it stand for?



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Alert

Voice

Pain

Unconscious





How to treat reduced conscious level?





Clear airway!

Treat underlying cause (haemorrhage?)

Glucose?

Eclampsia?





- E – Everything else
- History, examination, investigations
- Diagnosis



Physiological changes in pregnancy



- A – more difficult intubation – why?





- Swollen mucous membranes
- More difficult Mallampati
- Big breasts

- Be aware! Pre-oxygenate!





- Increased risk for aspiration – why?





- Delayed gastric emptying if in labour, or given opioids
- Decreased lower oesophageal sphincter tone
- RSI!





- B – Quicker desaturation – 1minute! – why?





- High Oxygen demand – esp in labour
- Lower FRC

- Pre-oxygenate!





- Vena Cava Syndrome
- Wedge! The Mulungu Tilt!



Spinal Anaesthesia



- Safer than GA
- What are contraindications?





- Patient refusal
- Hypovolaemia





- Which local anaesthetic best?





- Bupivacaine





- What are important preparations before a spinal?





- Large IV cannula
- IV fluid
- Ephedrine in the theatre
- Full equipment to do GA
- Wedge
- Monitoring (BP, HR, saturation)

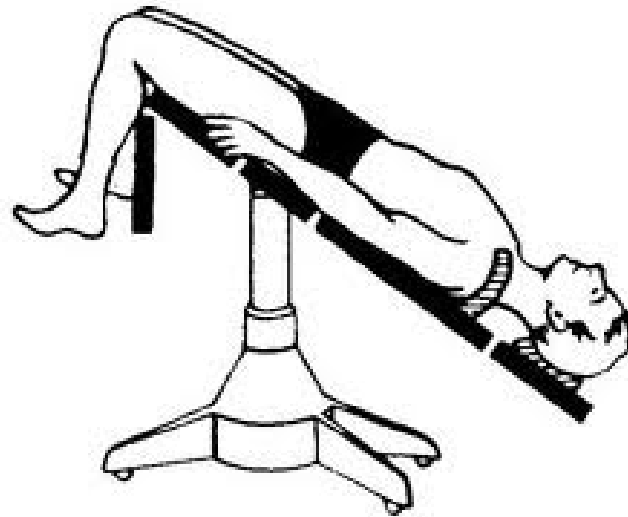




- How to treat hypotension in spinal?



NO!



YES!



Give fluids



Ephedrine

Course in Obstetric
Anaesthesia 2012

Spinal Anaesthesia



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GA



- What does RSI stand for?





- **R**apid
- **S**equence
- **I**nduction





- When should we do RSI in obstetric anaesthesia?





- Always?



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- How do you do an RSI?





1. Suctioning ready for use
2. Position head
3. Preox 3 min
4. Thiopenthal 4-7 mg/kg
5. Succinylcholine
6. No ventilation
7. Intubate
8. Ventilate and listen





- What should you do if you fail to intubate?





- Ventilate!



Algorithm

Failed intubation



Mask ventilation adequate

Mask ventilation
inadequate

No fetal distress

Fetal distress

LMA

Surgical airway

Wake up

Continue

Alternative anaesthesia





- Be prepared for blood transfusion early!
- Normal bleeding <500ml

- Wedge Wedge Wedge!





- Teamwork
- Communication between surgeons and anaesthetists v important



Timetable Wednesday



- 9.00 Recap
- 9.30 Preparing for obstetric anaesthesia
- 10:00 Scenarios
- 10.30 Coffee
- 11.00 Neonatal resuscitation
- 11.45 Scenarios
- 12.30 Recognising the critically ill mother
- 13:30 Lunch
- 14:15 Bleeding, aortal compression
- 15:00 Seminars
- 16.00: End

