GLOBAL EMERGENCY MEDICAL REGISTRY

Obstetrics - Abnormal Delivery Prolapsed Cord Skill Documentation Form

Candidate (Print): _____ Date: _____

Examiner (Instructor or Licensed Provider): _____

Examiner Signature: _____

Pass_____ Fail _____

Note: Examiner will use a full-scale simulator for this case to reflect a 28 y/o patient who has been in labor for 12 hours. Birth Dula states patient was "doing well" but believes the cord has prolapsed. Patient currently responsive, contractions every 60-90 seconds, Pulse of 120 in sinus tachycardia, MAP of 95 mmHg, SpO2 95% (room air), Respiratory Rate at 30 bpm, EtCO2 35mmHg, blood glucose 90 mg/dl. On exam, patients appear in labor with active contractions. Patient has one prior pregnancy with one live child, has had prenatal care with no issues reported, amniotic sac rupture occurred six hours ago, no pre-existing medical conditions, no vaginal bleeding noted.

Task:	Correct	Incorrect
Obtains history relevant to current pregnancy		
Estimated date of confinement		
Frequency of contractions		
Duration of contractions		
Intensity of contractions		
Rupture of amniotic sac (time and presence of meconium)		
Previous pregnancies and deliveries (complications, vaginal delivery, C-section)		
Pre-existing medical conditions (HTN, DM, seizure, cardiac)		
Medications taken prior to labor		
Prenatal care (identified abnormalities with pregnancy)		
Vaginal bleeding		
Abdominal pain		
Assessment		
Vital signs (Respiration, Pulse, SpO2, EtCO2, MAP, ECG, Temperature)		
Ultrasound assessment		
Evidence of imminent delivery (crowning, contractions, urge to push, urge to defecate)		
Level of Fundus		
Evidence of imminent delivery (crowning, contractions, urge to push, urge to defecate)		
Vaginal Examination: • Note cervical dilation/effacement • Identify presenting part(s) • Identify intra-vaginal lacerations • Identify cord prolapse and rectify.		

Examiner States: You note a prolapsed cord immediately inside vaginal space, cord has no pulse, and head is approximately 5cm into vaginal space.		
Actions:		
Place mother in knee/chest position and place cord back into vaginal vault with gloved hand in one attempt.		
Assure oxygenation, ventilation, and airway management as appropriate per GENERAL GUIDELINES FOR PATIENT CARE PROTOCOLS		
Large bore IV access above the level of the diaphragm		
Place gloved index and middle fingers into the vagina: • Push the infant up to relieve pressure on the cord • If pulse does NOT return, remove cord from infant if able.		
Check the cord for pulse. • If no pulse for thirty seconds following maneuver, and greater than 10 minutes to hospital, place mother into lithotomy position and attempt delivery of baby.		
Considers emergent transport to obstetrical and/or surgical services		

	Critical Failure Criteria
	Failure to use PPE
	Failure to adequately assess airway, breathing, circulatory status
	Performs assessment in a disorganized manner
	Failure to identify or appropriately manage an abnormal presentation
	Performs any dangerous activity during delivery (pulls on fetus, places fetus in a dangerous position, pulls on umbilical cord to deliver placenta, handles newborn inappropriately)
	Failure to provide appropriate newborn care (correct sequence and within recommended time limits)
	Failure to manage the patient as a competent provider
	Performs assessment inappropriately, resulting in missed life threatening condition
	Uses inappropriate affect with patient or examiner
	Uses or orders a dangerous or inappropriate intervention

NOTE: You must factually document any “incorrect” or critical failure criteria on back of this form