Collaborating Against Catecholamines: Using Interprofessional Simulation to Prepare for a Potential Cardiac Emergency in Pregnancy.

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OBJECTIVES

- Detail the evidence-based, interprofessional management of an antepartum woman with a high-risk cardiac condition – Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT).
- Identify pragmatic strategies to prepare for a potential cardiac emergency in pregnancy.

BACKGROUND

- Interprofessional simulation is routinely scheduled on the L&D unit to prepare staff for obstetric emergencies.
- OB division holds monthly multidisciplinary team meetings to develop care plans for complicated obstetric cases.
- Team identified a 28 year-old primigravid woman at 16 weeks gestation with a rare, genetic cardiac disorder – CPVT.
- In CPVT:
  - Increased catecholamines (such as with labor) may precipitate syncope, cardiac arrest, ventricular tachycardia, cardiac arrest, death.
- Call to action – team assembled to outline care strategies for the antepartum, intrapartum and postpartum periods.

IMPLEMENTATION

PLAN

- Simulation content developed using the multidisciplinary plan of care.

DEVISE SOLUTIONS/REVISE PLAN

- Plan of care was evaluated and updated following each simulation drill.

TEST PLAN OF CARE

- Interprofessional simulation drills conducted to:
  - Rehearse skills
  - Stimulate critical thinking
  - Develop team behaviors

INTEGRATE PLAN OF CARE

- Simulation drills conducted to:
  - Rehearse skills
  - Stimulate critical thinking
  - Develop team behaviors

DO

- Team members assembled post-simulation to:
  - Explore their experience
  - Reflect on events
  - Address concerns in a safe environment

STUDY

REFERENCES


CONCLUSION/LESSONS LEARNED

1) Ask for assistance.
2) Define the available resources and establish the process to access, activate and mobilize that support in a timely manner.
3) Involve bedside clinicians in the plan of care.