

E. Follow-up

1. Prepare a set of rules to be followed by rescuers called to neurological emergencies. Explain their rationale.
2. Prepare a list of equipment, materials, drugs, etc. to be most useful in neurological emergencies. Explain their rationale.
3. Prepare a presentation on approach to handling neurological emergencies.
4. In groups prepare simulations of neurological emergencies related rescue actions.

Unit 5

OBSTETRIC AND GYNAECOLOGICAL EMERGENCIES

A. Warm-up

Obstetric and gynaecological emergencies concern female patients and are usually related to disturbances in the course of pregnancy or the functioning of the female reproductive system.

Working in pairs or threes answer the following questions:

1. What are the most common reasons for an ambulance being called to an obstetric or gynaecological emergency?
2. What information should the rescuer collect from the patient and why?
3. How can the rescuer help the patient?
4. Can an obstetric or gynaecological emergency be a life-threatening case? When? Why?

Gather and discuss your ideas so as to characterize the specificity of obstetric and gynaecological emergencies.

Vocabulary

pregnancy ciąża
uterine contractions skurcze
macicy
feel strong urge czuć silną
potrzebę, mieć silne pragnienie
push przeciw w czasie porodu
spontaneous delivery poród
samoistny, siłami natury
preterm delivery poród przed
czasem
deliver spontaneously urodzić
siłami natury
precipitated labour poród nagły,
uliczny

B. Case Studies

Follow and discuss the cases presented.

Case 1

Task 1

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Listen and complete the conversation (C=caller; D=dispatcher):

D: Emergency. How can I help you?

C: My daughter has started
and she's pregnant. Can you send an ambulance, please.

D: Which week of is it?

C:

D: When did she start bleeding?

C: Some minutes ago and she is also in
..... and has sort of or
.....

D: Can I have your name and address, please.

C: Megan Price. And the address is

D: I'm sending an ambulance. Meanwhile, tell your daughter to
..... and Try to keep her
.....

Task 2

Read the description of the situation you find upon arrival on site
and decide if the statements which follow are true or false. Explain
why you think so.

A 31-year-old female with visible pregnancy is lying in bed in an
embryonic position, with a blood-soaked towel between her legs.
She complains of severe abdominal pain and irregular abdominal

cramps. She is pale and in tears but conscious and alert. She
reports that the bleeding and cramps seem to have slowed down
when she lied down but the pain is still present. Prior to the
incident she was vacuuming the house. She felt good, full of
energy. So far her pregnancy has been uneventful.

1. You cannot yet tell that the woman is expecting a baby.
2. The patient is lying on one side.
3. It is obvious that she is bleeding.
4. Bleeding is the only problem.
5. There is no communication with the patient.
6. Her condition has changed since the onset of the symptoms.
7. The incident might have been provoked by overexertion.
8. Hers is a high risk pregnancy.
9. She is trying to calm down.
10. There is a rash visible on her abdomen.

Task 3

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Listen and complete the conversation between the rescuer (R) and
the mother (M).

R: When did the bleeding appear?

M: About

R: What was your daughter doing at that time?

M: She was I told her not to but
she got up feeling so

R: Has she had any earlier bleeding?

M: No. She's been fine so far,
in the morning.

R: Is it her first pregnancy?

M: Yes. And she's always been

Vocabulary

uneventful bez powikłań

R:? No drugs taken on a regular basis?

M: No.

R: Any allergies?

Task 4

- In pairs discuss how you proceed and what you check.
- Sum up the findings.

Task 5

Read and complete the pre-alert call to the nearest A&E department (AC=ambulance crew; ACTR=ambulance control; A&E= emergency department).

pregnancy related • tachycardia • female • onset • abdominal • vaginal • tachypnoeic • cramping • medication • gestation

AC: Charlie six zero one to red base, over.

ACTR: Charlie six zero one go ahead over.

AC: Request talk-through with the A&E department, over.

ACTR: Roger, stand-by over. (*ACTR contacts the A&E department to advise them of a pre-alert report about to come from the ambulance crew transporting the patient*)

ACTR: Go ahead Charlie six zero one to the A&E department. How do you receive, over.

A&E: Strength 5 Charlie six zero one, go ahead over.

AC: We are coming in to you with a 30-year-old, primigravida with bleeding, and abdominal The patient reports being in the 11th week of The symptoms were sudden in There is no history of any problems, chronic diseases or taken.

The patient is conscious and alert. She currently has a of 105 and is at 33. Her BP is 100/84. Our ETA to you will be 10–15 minutes, over.

Task 6

Give a face-to-face report to the doctor on duty upon arrival at the hospital, include:

- the actions you have taken on the way to the A&E department,
- the changes to the victim's vital signs and condition you have registered.

Task 7

Make generalized comments on the case and discuss it as a typical case of the type. Point to typical mistakes which should be avoided.

Case 2

Task 8

Listen and complete the dialogue.

D: Emergency, what can I do for you?

C: I'm calling about a woman who in the street. She says she may be although the baby due.

D: Is she having contractions? How frequent are they?

C: She says they are frequent and are

D: Is it her first child?

C: No. It's her She says her waters have broken and feels a strong

D: Can I have your name and address?

C: James Crowe. I'm just a passer-by. We are in, almost at the corner of Street.

D: The ambulance will be with you in 10 minutes. Meanwhile, help the woman to stay calm, advise her to through the nose and exhale air

Task 9

Pass the information obtained to the ambulance team to be sent to the site.

Task 10

Listen and complete the conversation between the patient (P) and the rescuer (R).

R: My name's Jack. I'm going to take care of you. pregnant are you?

P: 35.

R: first pregnancy?

P: No, my third. I feel as if I were about to deliver any moment now.

R:? How do they feel?

P: They come every few minutes and they seem to be longer and stronger every next time. And I feel growing pressure down there.

R: We're Let us help you lie down on the stretcher. Once in the ambulance, we'll check

P: I feel such a strong urge to push and I don't want anything to go wrong.

R: Try to relax. We're trained to and we've already alerted the hospital that we're on the way. Now

P: How is it?

R: The vaginal opening is quite wide. Are you any medicines?

P: No. Aaah! I'm sorry but the pain is really bad.

R: Just go on, and pushing. I can already see the head coming!

Task 11

Simulate the pre-alert call to the receiving hospital.

Task 12

Read the description of the situation you found upon arrival on site and decide if the statements below are true or false. Explain.

The patient, a 37-year-old tertigravida in the 35th wk of pregnancy collapsed in the street because of strong and frequent uterine contractions. The amniotic sac was ruptured. Her previous pregnancies as well as the present one have been uneventful. There was no history of any chronic diseases or allergy to medicines. The labour proceeded very quickly, with contractions coming every 2-3 minutes and lasting 45 to 60 seconds each. The patient reported a strong urge to push. On examination in the ambulance the vaginal opening was wide and the infant's head was visible. A live female newborn was delivered spontaneously prior to arrival at the hospital.

1. A 32-year-old primigravida collapsed in the street.
2. She was at least 33 weeks pregnant.
3. The patient did not expect to go into labour on that particular day.
4. The patient had experience in giving childbirth.
5. She knew that she was about to deliver.
6. She gave a history of high-risk pregnancies.
7. The labour was slow and presented numerous difficulties.
8. There was no time to examine the patient in the ambulance.

Vocabulary

umbilical cord pępowina
multiple pregnancy ciąża mnoga
amniotic sac worek owodniowy
breech delivery poród pośladowy
eclampsia rzucawka
placental abruption przedwczesne
oddzielenie łożyska
miscarriage poronienie
precipitous, rapid delivery poród
uliczny szybko postępujący
spotting plamienie
sanitary towels podpaski
amenorrhea brak miesiączki
ectopic pregnancy ciąża
pozamaciczna
skin turgor napięcie skóry
gestation ciąża
gestational hypertension
nadciśnienie ciążowe

9. The newborn was delivered upon arrival at the hospital.
10. The labour was induced by ambulance staff.

C. Paramedic's Practice

Study the following emergency situations and do the exercises.

Emergency 1

J.B. was a good-humoured pregnant mom-to-be brought into the ER with what appeared to be just a mild bladder infection. After leaving the ER, she collapsed in the parking lot and the medics found her soaking in the pool of blood.

Task 13

Write the questions you asked.

YOU:

J.B.: No. I have been pregnant before.

YOU:

J.B.: I am thirty-five weeks pregnant.

YOU:

J.B.: In roughly about four weeks now.

YOU:

J.B.: Yes, I was only five weeks pregnant when I lost my first baby.

YOU:

J.B.: I have visited my obstetrician for regular check-ups.

YOU:

J.B.: He said there should be no complications, but he also told me to be careful, not to overdo things, you know.

Emergency 2

Task 14

You are dispatched to a woman in labour. She is accompanied by her excited partner, a would-be-daddy, who is willing to give you all the necessary details. What questions would you ask him? Write them below.

YOU:

H: She is due in two weeks' time.

YOU:

H: She says her waters have broken.

YOU:

H: Not so long ago. Just an hour or so.

YOU:

H: Yes, she is currently having contractions.

YOU:

H: Yes. They are regular.

YOU:

H: Every 3 minutes.

YOU:

H: Each contraction lasts about 45 seconds.

YOU:

H: She also says she feels a strong urge to move her bowels.

Emergency 3

Imagine you are dispatched and respond to an obstetric emergency. You find a 24-year-old woman (PW) in the final trimester of pregnancy. Her chief complaints are a sudden onset of vaginal bleeding and pain just below her umbilicus.

Task 15

Write the questions you asked in this situation.

YOU:

PW: First I noticed only spotting, but then the bleeding got real heavy.

YOU:

PW: I had to use sanitary towels.

YOU:

PW: It lasted for about 20 minutes.

YOU:

PW: The blood was dark-red.

YOU:

PW: I was ironing.

YOU:

PW: I put one, but it wasn't enough. I was soaking with blood.

YOU:

PW: I had to change them every few minutes.

YOU:

PW: I saw real big clots of blood when I went to the toilet.

YOU:

PW: I've felt a little pain just below my belly button.

YOU:

PW: I've been pregnant before.

YOU:

PW: I'm afraid not. I began haemorrhaging a week before delivery.

YOU:

PW: Unfortunately I delivered a stillborn baby.

Task 16

Arrange the items in the correct order (a). Convert them into direct questions (b). Report the collected information to A&E staff.

Ask and/or check:

A. () if the top of the infant's head is visible through the vaginal opening

B. () when the contractions began

C. () if the woman has given birth before

D. () how frequent the contractions are

E. () if the amniotic sac has ruptured

F. () if it is a single or a multiple pregnancy

G. () when the baby is due

H. () if the woman feels a strong urge to push

I. () how long the contractions last

J. () if there have been any problems with the pregnancy

Task 17

Arrange the actions in the correct order.

A. () Put on gloves.

B. () Check that the umbilical cord is not wrapped around the infant's neck.

C. () Ensure that there are no garments in the way.

D. () Place the woman in a comfortable position, on her back, with knees bent and apart and feet flat on the bed or stretcher.

- E. () If the head is covered with the amniotic sac, pull it away as the mouth and nose emerge.
- F. () Support the infant's head when it emerges from the birth canal.
- G. () If it is and if it is loose enough, slip it over the head or shoulder of the infant.
- H. () Check if the head is not covered with the amniotic sac.
- I. () Record the time of birth for your patient clinical record.
- J. () Open the sterile maternity pack.
- K. () Wipe any blood or mucus from the baby's nose and mouth with a sterile gauze.
- L. () Dry the baby with towels and wrap it with a dry blanket.

D. Medical Knowledge

Task 18

Which of the complaints reported by a pregnant woman or her relative may signify a serious pregnancy-related problem or emergency. Justify your position.

1. Nausea and vomiting in the first trimester.
2. Persistent and severe headache, swollen face and hands, excessive weight gain in the last trimester.
3. Abdominal pain at any time in the course of pregnancy.
4. Sudden passage of water from the vagina.
5. Frequency and burning pain on urination.
6. Convulsions, chills and fever at any time during pregnancy.
7. Markedly elevated blood pressure.
8. High weight gain.

9. Tachypnoea and tachycardia.
10. Bleeding from the vagina.

Task 19

What symptoms and signs (a-t) would you regard as suggestive or indicative of the given obstetric emergencies (1-20).

1. Benign bladder infection
2. Breech delivery
3. Breaking of the amniotic sac
4. Cessation of foetal movement
5. Early labour/preterm birth
6. Ectopic pregnancy
7. Emergency delivery
8. Eclampsia
9. Delay in childbearing
10. Foetal growth restriction
11. Gestational hypertension
12. Hyperemesis gravidarum
13. Massive obstetric haemorrhage/postpartum haemorrhage
14. Miscarriage
15. Precipitous, unexpected rapid delivery
16. Preeclampsia
17. Placental abruption
18. Post-abortion sepsis
19. Trauma during pregnancy
20. Third-trimester haemorrhage

- a) amenorrhea, diffuse or localized pain; life-threatening profuse, vaginal bleeding, pallor, haemorrhagic shock
- b) bloody mucous discharge, spontaneous rupture of membranes, vaginal secretions
- c) BP > 140/90 mmHg, oedema, headache, visual disturbances
- d) painless, bright red vaginal bleeding
- e) fever, excessive bleeding with purulent discharge, uterine tenderness
- f) immediate or delayed blood loss > 500ml after delivery
- g) severe and persistent nausea and vomiting in the first trimester, decreased skin turgor, tachycardia and thirst
- h) delivery in which the foetal buttocks are visible first through the vaginal opening
- i) a severe persistent pain or delivery via C-section; a baby is born before 37th week of gestation
- j) high weight gain
- k) major causes of injury to pregnant women such as RTC, falls, domestic abuse, etc.
- l) frequent and painful urination
- m) a heavy flow of blood in the second trimester
- n) a pregnant woman cannot feel the foetus move 10 times in an hour
- o) a would-be-mom arrives at the ED ready to give birth
- p) 'the water breaks' at any point in pregnancy
- q) a life-threatening complication of pregnancy: high blood pressure, headache, blurred vision, nausea, swelling, dyspnoea, convulsions, LOC
- r) the premature separation of the placenta from the uterine wall before the baby is ready to be born

- s) persistent and severe headache, swollen face and hands, excessive weight gain in the last trimester
- t) delivery is more than two weeks overdue

E. Follow-up

1. Prepare a set of rules to be followed by rescuers called to obstetric and gynaecological emergencies. Explain their rationale.
2. Prepare a list of equipment, materials, drugs, etc. to be most useful in obstetric and gynaecological emergencies. Explain their rationale.
3. Prepare a presentation on approach to handling obstetric and gynaecological emergencies.
4. In groups prepare simulations of obstetric and gynaecological emergencies related rescue actions.