USING SIMULATION-BASED LEARNING TO PREPARE FOR A POTENTIAL CARDIAC EMERGENCY ON THE LABOR UNIT

In an obstetric emergency, optimal outcomes depend on rapid assessment, diagnosis, and implementation of interventions by the entire obstetric health care team. Cardiac arrest on labor and delivery (L&D) units is rare. In the United States, cardiac arrest occurs in 1 in 12,000 admissions during hospitalization for childbirth (Lipman et al., 2014). Early and aggressive interventions with resuscitation and birth may improve outcomes in the event of cardiopulmonary arrest (Jeejeebhoy et al., 2015).

Abstract: Cardiac arrest on the labor unit is a rare event, but it can have significant effects on a woman and her fetus, as well as on the clinicians providing health care. Our labor team was challenged to provide care for a woman with a rare cardiac condition that can cause a wide range of events, from fainting to cardiac arrest. This article describes our use of simulation-based learning to prepare for potential scenarios. http://dx.doi.org/10.1016/j.nwh.2016.12.009

Keywords: cardiac arrest | catecholaminergic polymorphic ventricular tachycardia | obstetric emergency | pregnancy | simulation-based learning

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