CASE 3A: BACKGROUND

Ideal Emotional Response **DURING** Case

**Futility:** Why does everyone seem so complacent with death here? Am I the only one who cares? What will happen to this patient if we “save” her?

**Supplies**
- Infant mannequin
- IV equipment
- IV fluids (NS or LR)
- Bag Mask Ventilator
- Oxygen Tank
- Adrenaline (IV)

Keys to Reaching Desired Emotional Response
- The infant will not gain spontaneous respiration or maintain adequate heart rate. Lack of ability to intubate the patient will lead to decision needing to be made about duration of resuscitation.
- Refrain from fully embracing the sense of urgency likely to be conveyed by participants.
- Have a leader play the role of the mother in the delivery room, she should not speak English.

Ideal Emotional Response **AFTER** Debriefing

**Acknowledgement:** Sometimes death is unavoidable. A patient dying difficult for all everyone; how this is expressed may be different than what I am accustomed to but this doesn’t mean my hosts are not affected by it.

IDEAL CASE FLOW: *Specifics less important than flow*

**FIRST STATE**
- Arrival to Delivery Room at 1 minute of life – infant apneic and bradycardic. Reported tight nuchal cord.
- Initiate NRP Bag Mask Ventilation

**SECOND STATE**
- Heart rate rises to 120 with BMV
- O2 saturation improves with O2

**THIRD STATE**
- HR and O2 saturation fall every time BMV stopped
- No ventilator in hospital
- No spontaneous respiration
- Attempt to stop BMV
- Start Chest Compressions
- Decision made to stop resuscitation

**FOURTH STATE**
- Patient expires
- Providers continue discussion with mother

KEY MEDICAL MANAGEMENT REMINDERS

**NRP Guidelines for This Patient**

- HR below 100, gasping or apnea?
- PPV, Monitor O2 Sats
- HR Below 60?
- Chest Compressions Consider Intubation
- HR Below 60?
- Epi Dose 0.1 mg/kg (1:10,000)
- Epinephrine Volume?

**BAG MASK VENTILATION**
- **Self-Inflating bag** mask does NOT require compressed source of oxygen, but **CANNOT** be used for CPAP
- Ventilate at a rate of **40-60 respirations per minute until compressions start**

**CHEST COMPRESSIONS**
- Initiated if the infants **HR < 60 bpm** despite adequate ventilation for 30 seconds
- **90 compressions/min** with respiration after every third compression

**STOPPING RESUSCITATION**
- WHO recommends stopping resuscitation in newborn babies after **10 minutes if no detectable heart rate and after 20 minutes if HR remains < 60 and no spontaneous breathing**

PROCEED TO CASE PRESENTATION, EXPECTED INTERVENTIONS, AND OBSTACLES
CASE 3A PRESENTATION: Provide information only as it is requested

Introduction: "You are called to the delivery room immediately after the birth of a baby with a tight nuchal cord. There is a nurse who was attending the delivery and the mother is also in the room. You enter to find the baby on the mother’s chest, apneic and limp. If you want to know an exam finding, perform the exam and ask for the finding out loud."

Relevant Maternal Information:
• 38 weeks gestation by LMP
• No prenatal care
• Mother is healthy
• ROM 1 hour ago

Initial Infant Exam:
• Cyanotic
• Limp
• No spontaneous respirations
• No spontaneous movements
• HR 70

POTENTIAL INTERVENTIONS AND OBSTACLES

<table>
<thead>
<tr>
<th>Expected Intervention</th>
<th>Obstacle(s)</th>
<th>Possible Solution(s)</th>
<th>Outcome(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove infant from mother to attempt resuscitation</td>
<td>No ohio bed or crib</td>
<td>Use end of mother’s bed or a table; blankets or plastic wrap to warm baby</td>
<td>Able to begin neonatal resuscitation</td>
</tr>
<tr>
<td>Begin bag mask ventilation</td>
<td>Nurse has to get bag mask from room next door</td>
<td>Begin setting up oxygen; continue to stimulate baby</td>
<td>Nurse arrives with bag within one minute; infant’s HR improves with effective BMV</td>
</tr>
<tr>
<td>Hook BMV up to oxygen source</td>
<td>Nurse not available to help hook up tank</td>
<td>Provider must figure out how to hook up O2 tank</td>
<td>Color improves once O2 applied</td>
</tr>
<tr>
<td>HR falls below 60 → chest compressions</td>
<td>Heart rate drops below 60 each time compressions and BMV stopped</td>
<td>Begin discussions of next steps (i.e. is intubation available? when to stop?)</td>
<td>Mother begins to ask questions from the delivery bed</td>
</tr>
<tr>
<td>Administer adrenaline (epinephrine)</td>
<td>Only two doses</td>
<td>Reassess after first dose</td>
<td>HR falls again quickly</td>
</tr>
<tr>
<td>Provider discusses dire circumstances with mother</td>
<td>Language barrier; mother stoic</td>
<td>Call for translation help/work with local providers</td>
<td>Local provider available to translate</td>
</tr>
<tr>
<td>Desire to intubate patient</td>
<td>1 ventilator in hospital, patient on it in ICU</td>
<td>Begin to address futility of prolonged resuscitation</td>
<td>Decision to stop resuscitation; patient expires</td>
</tr>
</tbody>
</table>

STOP CASE WHEN THE FOLLOWING ARE TRUE

Providers have determined that only course of action is to let the baby expire

Providers have begun the process of discussing death with the infant’s mother
CASE 3A DEBRIEFING SCRIPT
Remember: Goal of debriefing is not to lecture, but to facilitate discussion

Setting the Scene: “We are going to spend the next 20-30 minutes debriefing the case with you. We are going to focus our attention to the emotions encountered while managing this case in a resource-limited environment, but will also address the medical management of the case. I want to be clear from the start, that this was a case where the patient’s death was an expected and inevitable outcome.”

Reaction: “How did that feel?”
Pay attention to cues pointing to emotional obstacles encountered (i.e. frustration at lack of resources, apparent apathy, lack of urgency, etc.)

Description/Clarification: “Can someone summarize what the case was about from a medical point of view by taking us through what happened. I just want to make sure everyone is on the same page.”
You may need to clarify/keep this moving by asking follow up questions (i.e. “What happened next?”)

Analysis: Remember, the goal is to get the participants to discuss how they dealt with their perceptions of different views of death and futility. Be sure to explore these themes.
• “You may have been involved in similar cases for a neonatal code before. If so, how was this different?”
• “How might you see yourself reacting to those differences abroad? How might your reactions be perceived by the local medical providers? By the family?”
• “What obstacles did you encounter to providing the care that you felt the child needed? Were you able to overcome any of them?”
• “How did you make the decision to stop the resuscitation? How did that feel? How was that decision making process different than it would have been in the United States?”
• “How did decide when to approach the mother? What obstacles did you encounter?”

Review the NRP Guidelines, Effective Bag Mask Ventilation and Effective Chest Compressions
Framework for Formulating Effective Debriefing Questions – Choose one prompt from each column

<table>
<thead>
<tr>
<th>Observation</th>
<th>Point of View</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>I noticed that...</td>
<td>I liked that...</td>
<td>How do you all see it?</td>
</tr>
<tr>
<td>I saw that...</td>
<td>I was thinking...</td>
<td>What were the team’s priorities at the time?</td>
</tr>
<tr>
<td>I heard you say...</td>
<td>It seemed to me...</td>
<td>How did the team decide that...</td>
</tr>
</tbody>
</table>

Application/Summary: “Is there anything you learned during the course of this case, that has changed your perspective about your experience abroad?”

End with each learner providing a take-home point from the case