



Pregnancy Related Emergencies

OB/GYN

UTERINE RUPTURE

CRITERIA

Uterine Rupture - Severe vaginal bleeding in the second half of pregnancy.

PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact protocol.</i>	EMR
EMR	Support life threatening problems associated with airway, breathing and circulation.	EMR
EMR	Administer oxygen as needed per patient assessment.	EMR
EMR	Place patient in left lateral recumbent position and transport immediately.	EMR
A	Establish IV access and administer 20 mL/kg 0.9% Normal Saline bolus up to 1,000 mL ; continuously reassessing need for further fluid administration.	A

PEARLS

Should be suspected in the pregnant trauma patient who has lost the palpable uterine contour, has easily palpated fetal parts, and who has severe abdominal pain.

ABRUPTIO PLACENTA

CRITERIA

Premature separation of the placenta from the uterine wall after the 20th week of gestation and prior to birth.

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact protocol.</i>	EMR
EMR	Support life threatening problems associated with airway, breathing and circulation.	EMR
EMR	Administer oxygen as needed per patient assessment.	EMR
EMR	If patient exhibits signs of shock, <i>see Medical – Hypotension/Shock (Non-trauma).</i>	EMR
EMR	Place patient in left lateral recumbent position and transport immediately.	EMR
A	Establish IV access and administer 20 mL/kg 0.9% Normal Saline bolus up to a total of 1,000 mL ; continuously reassess need for further fluid administration.	A

PEARLS

Patients younger than 20 and greater than 35 years of age are at greater risk for placental abruption.