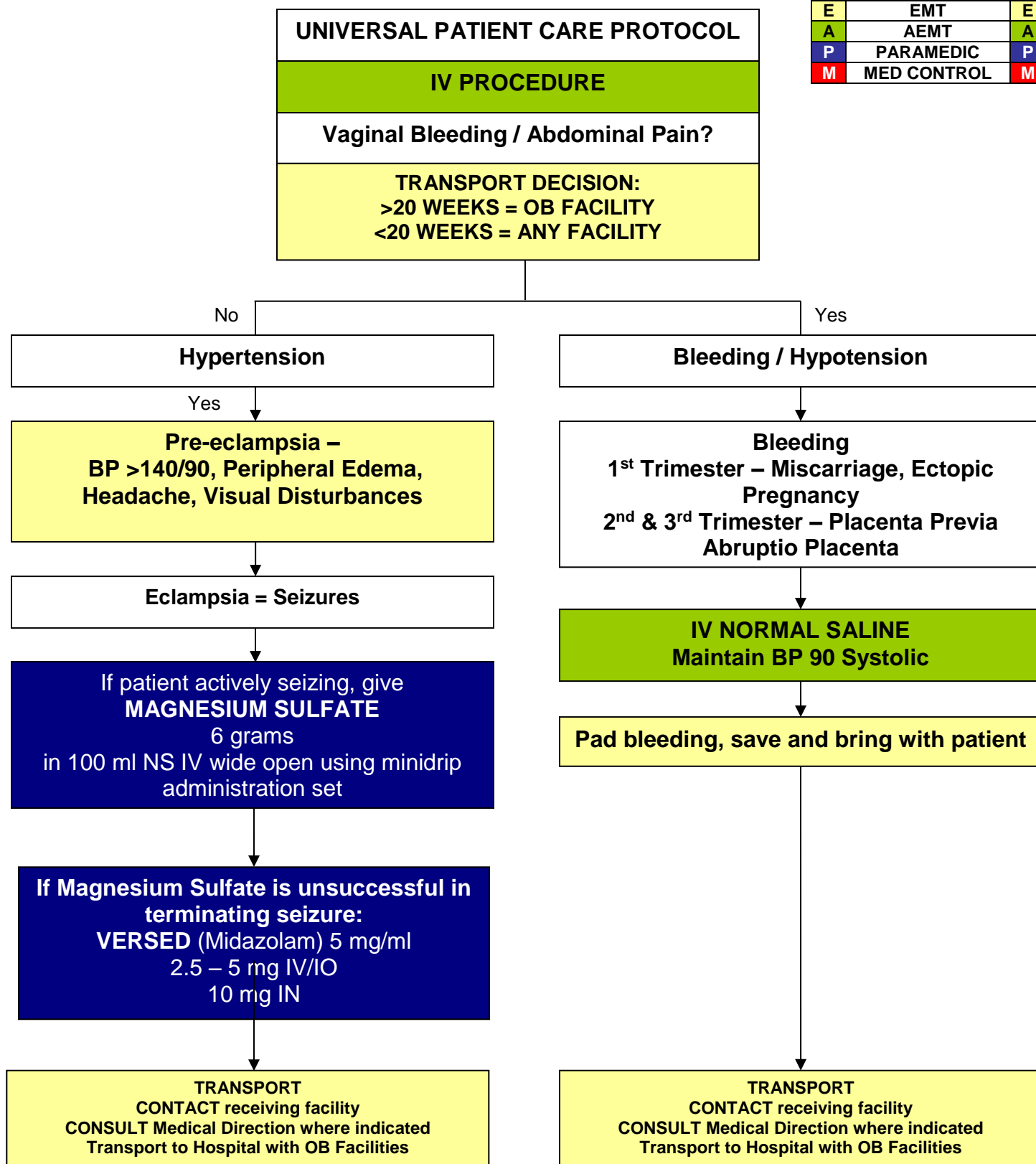




# Section 12: Obstetrical Emergency Protocols

## OBSTETRICAL EMERGENCIES: OB EMERGENCIES

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





## Section 12: Obstetrical Emergency Protocols

### OBSTETRICAL EMERGENCIES: OB EMERGENCIES-Cont.

#### PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> <li>• Past medical history</li> <li>• Hypertension meds</li> <li>• Prenatal care</li> <li>• Prior pregnancies / births</li> <li>• Gravida (pregnancies) / para (live births)</li> </ul>	<ul style="list-style-type: none"> <li>• Vaginal bleeding</li> <li>• Abdominal pain</li> <li>• Seizures</li> <li>• Hypertension</li> <li>• Severe headache</li> <li>• Visual changes</li> <li>• Edema of hands and face</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-eclampsia / eclampsia</li> <li>• Placenta previa</li> <li>• Placenta abruptio</li> <li>• Spontaneous abortion</li> </ul>

<ul style="list-style-type: none"> <li>• Exam: Mental Status, Abdomen, Heart, Lungs, Neuro</li> </ul> <p><b>General Information</b></p> <ul style="list-style-type: none"> <li>• Any woman of child bearing age with syncope should be considered an ectopic pregnancy until proven otherwise.</li> <li>• May place patient in a left lateral position to minimize risk of supine hypotensive syndrome.</li> <li>• Ask patient to quantify bleeding - number of pads used per hour.</li> <li>• Any pregnant patient involved in a MVC should be seen immediately by a physician for evaluation and fetal monitoring.</li> <li>• <b>DO NOT</b> apply packing into the vagina.</li> <li>• Be alert for fluid overload when administering fluids.</li> <li>• Consider starting a second IV if the patient is experiencing excessive vaginal bleeding or hypotension maintain BP 90 systolic,</li> <li>• Transport to an appropriate OB facility if the patient is pregnant,</li> </ul> <p><b>Abortion / Miscarriage</b></p> <ul style="list-style-type: none"> <li>• The patient may be complaining of cramping, nausea, and vomiting.</li> <li>• Be sure to gather any expelled tissue and transport it to the receiving facility.</li> <li>• Signs of infection may not be present if the abortion/miscarriage was recent.</li> <li>• An abortion is any pregnancy that fails to survive over 20 weeks. When it occurs naturally, it is commonly called a "miscarriage".</li> </ul> <p><b>Abruptio Placenta</b></p> <ul style="list-style-type: none"> <li>• Usually occurs after 20 weeks.</li> <li>• Dark red vaginal bleeding.</li> <li>• May only experience internal bleeding.</li> <li>• May complain of a "tearing" abdominal pain.</li> </ul> <p><b>Ectopic Pregnancy</b></p> <ul style="list-style-type: none"> <li>• The patient may have missed a menstrual period or had a positive pregnancy test.</li> <li>• Acute unilateral lower abdominal pain that may radiate to the shoulder.</li> <li>• Any female of childbearing age complaining of abdominal pain is considered to have an ectopic pregnancy until proven otherwise.</li> </ul> <p><b>Pelvic Inflammatory Disease</b></p> <ul style="list-style-type: none"> <li>• Be tactful when questioning the patient to prevent embarrassment.</li> <li>• Diffuse back pain.</li> <li>• Possibly lower abdominal pain.</li> <li>• Pain during intercourse.</li> <li>• Nausea, vomiting, or fever.</li> <li>• Vaginal discharge.</li> <li>• May walk with an altered gait do to abdominal pain.</li> </ul> <p><b>Placenta Previa</b></p> <ul style="list-style-type: none"> <li>• Usually occurs during the last trimester.</li> <li>• Painless.</li> <li>• Bright red vaginal bleeding.</li> </ul> <p><b>Post Partum Hemorrhage</b></p> <ul style="list-style-type: none"> <li>• Post partum blood loss greater than 300 - 500 ml.</li> <li>• Bright red vaginal bleeding.</li> <li>• Be alert for shock and hypotension.</li> </ul> <p><b>Uterine Inversion</b></p> <ul style="list-style-type: none"> <li>• The uterine tissue presents from the vaginal canal. Cover with sterile saline dressing.</li> <li>• Be alert for vaginal bleeding and shock.</li> </ul> <p><b>Pre-Eclampsia / Eclampsia</b></p> <ul style="list-style-type: none"> <li>• Severe headache, vision changes, or RUQ pain may indicate pre-eclampsia.</li> <li>• In the setting of pregnancy, hypertension is defined as a BP greater than 140 systolic and greater than 90 diastolic, or a relative increase of 30 systolic and 20 diastolic from the patient's normal (pre-pregnancy) blood pressure.</li> </ul> <p><b>Uterine Rupture</b></p> <ul style="list-style-type: none"> <li>• Often caused by prolonged, obstructed, or non-progressive labor.</li> <li>• Severe abdominal pain.</li> </ul> <p><b>Vaginal Bleeding</b></p> <p style="padding-left: 20px;">If the patient is experiencing vaginal bleeding, DO NOT pack the vagina, pad on outside only</p>
---