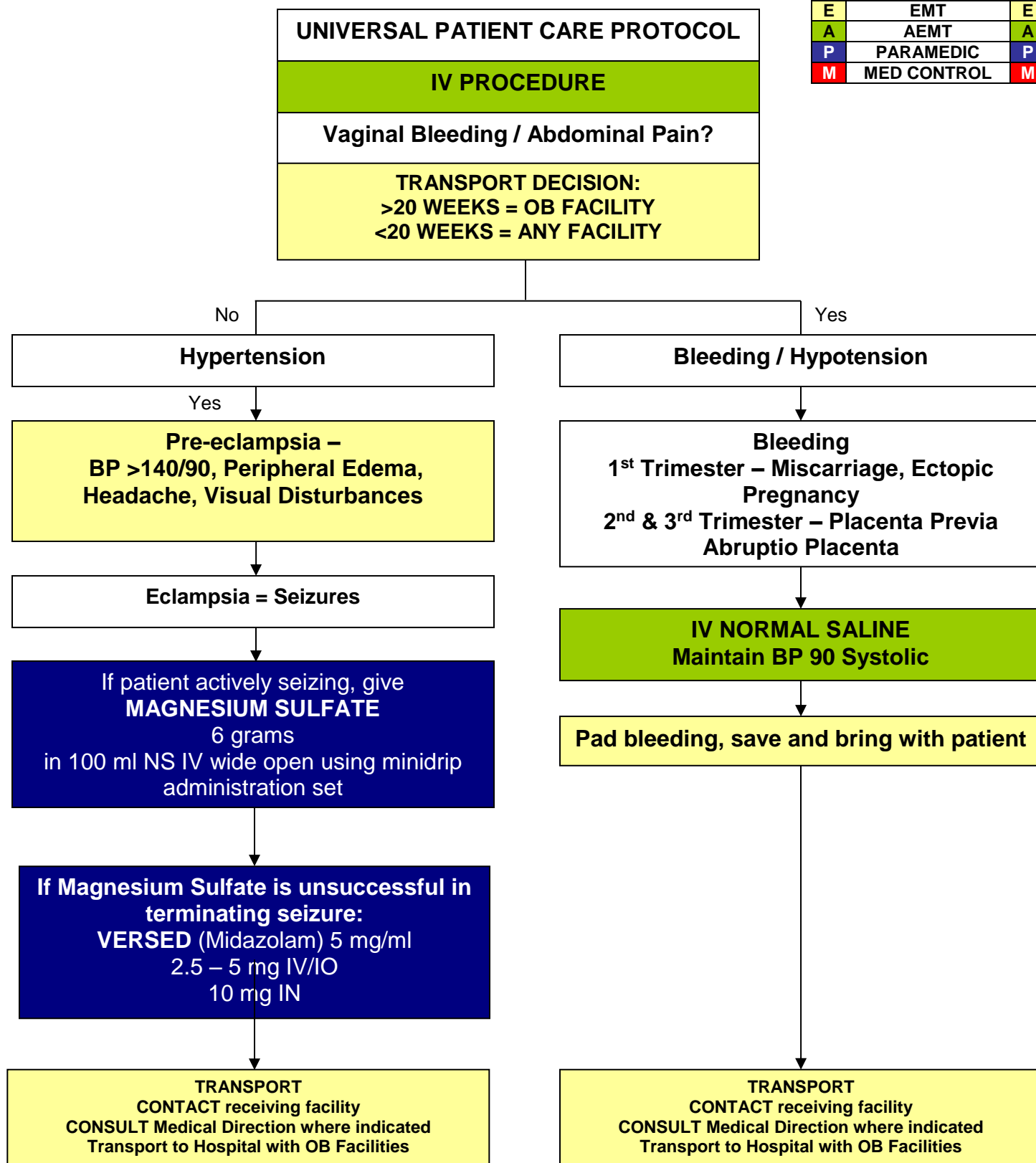




Section 12: Obstetrical Emergency Protocols

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

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