

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 07/01/02

Protocol: P-015

GYNECOLOGICAL EMERGENCIES

INFORMATION NEEDED

- Last menstrual period and possibility of pregnancy.
- Duration and amount of any bleeding.
- If pregnant, gestational age of fetus, gravida/para, and anticipated problems (placenta previa, pre-eclampsia, prenatal care, drug/alcohol use).
- Presence of contractions, cramping or discomfort.
- Patient's age.

OBJECTIVE FINDINGS

VAGINAL BLEEDING	
<ul style="list-style-type: none">• Estimated blood loss.	
BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Transport in Shock position if required• High flow oxygen 10-15 L/min via nonrebreather mask• Routine Medical Care.	<ul style="list-style-type: none">• IV of NS.• Place pad or large dressing over vaginal opening.• If hypotensive (SBP < 90 or signs of poor perfusion): fluid challenge (500 ml NS, reassess and repeat if indicated).

SPONTANEOUS ABORTION (MISCARRIAGE)	
<ul style="list-style-type: none">• Fetus < 20 weeks gestation.• Vaginal bleeding; passage of the products of conception.	
BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Transport in Shock position if required.• High flow oxygen 10-15 L/min via nonrebreather mask.• Routine Medical Care.	<ul style="list-style-type: none">• IV of NS.• Place pad or large dressing over vaginal opening.• If hypotensive (SBP < 90 or signs of poor perfusion): fluid challenge (500 ml NS, reassess and repeat if indicated).• Save and transport all tissue or fetal remains passed.

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PREGNANT PATIENT-PRE-ECLAMPSIA OR ECLAMPSIA	
<ul style="list-style-type: none">AMS, blurred vision, “spots” before the eyes, headache or seizures.Hypertension.	
BLS Treatment	ALS Treatment
<ul style="list-style-type: none">High flow Oxygen 10-15 L/min via nonrebreather mask.	<ul style="list-style-type: none">IV of NS.Minimize stimulation (lights, noise, other stressors).Left lateral decubitis position.For seizures or eclampsia, Magnesium sulfate 2 grams diluted in 100 ml NS administered as an infusion over 10 min.

DOCUMENTATION

- Blood pressure documented.
- Vaginal bleeding documented.
- If present and SBP < 90 mmHg with signs of poor perfusion, IV of NS fluid challenge given.

PRECAUTIONS AND COMMENTS

- Spontaneous abortion of a fetus > 20 weeks gestational age should be considered a neonatal resuscitation. See NEONATAL RESUSCITATION Protocol (P-044.1).
- Do not pack the vagina with any material to stop bleeding. A bulky dressing or pad should be used externally to absorb blood flow.
- Consider ruptured ectopic pregnancy in a woman of childbearing age with signs of shock.
- See CHILDBIRTH Protocol (P-011) for treatment of post partum hemorrhage.