



OB / GYN
(Pre-eclampsia, Eclampsia, Vaginal Bleeding & Miscarriage)

BLS Procedures

- Administer oxygen as indicated
 - Refer to [Policy 533-02: Airway Management](#)
- Vaginal Bleeding/Spontaneous Abortion:
 - Place pad or large dressing over vaginal opening
 - Save and transport all tissue or fetal remains passed
- Pre-Eclampsia/Eclampsia:
 - Minimize stimulation (lights, noise, other stressors)
 - Left lateral position (Trendelenburg)

Expanded Scope

Same as BLS

ALS Prior to Base Hospital Contact

- Vascular Access
- Normal saline**
- IV/IO TKO or saline lock:
 - Maintain SBP > 90, re-evaluating after each 500mL
 - Max 1L
- 3rd Trimester Pregnancy & No Known Seizure Hx with Signs/Symptoms of Eclampsia or Active Seizures*
- Midazolam – Give to actively seizing pregnant patients prior to Magnesium**
- IM 10mg or IV/IO 2mg
 - Repeat 1mg every 2 mins as needed
 - Max dose 10mg
 - Refer to [Policy 533-19: Seizures](#)
- Magnesium Sulfate**
- IVPB – 2gm in 100mL 0.9% **Normal Saline** over 5 mins
 - Must repeat x1
 - Slow or stop infusion if bradycardia, heart block, or decreased respiratory effort occur

Base Hospital Physician Orders Only

Consult with ED Physician for further treatment measures

Additional Information

- Spontaneous abortion of a fetus 23 weeks gestational age or greater should be considered a neonatal resuscitation
 - Refer to [Policy 533-31: Neonatal Resuscitation](#)
- Do not pack the vagina with any material to stop bleeding – a bulky dressing or pad may be used externally to absorb blood flow
- TXA may be administered for emergency medical conditions (such as post-partum hemorrhage) with Base Hospital Physician Order only.
- History/report/documentation should include:
 - Last menstrual period and possibility of pregnancy
 - Duration and amount of any bleeding, estimated blood loss (EBL), passage of the products of conception
 - If pregnant: gestational age of fetus, gravida/para, and anticipated problems (placenta previa, pre-eclampsia, lack of prenatal care, use of narcotics or stimulants, etc.)
 - Presence of contractions, cramping or discomfort
 - Signs/Symptoms of pre-eclampsia or eclampsia (altered mental status, hypertension, or seizures)