

AEC: BLEEDING IN EARLY PREGNANCY
For women ≤ 16 weeks pregnant
No trauma involvement



Bleeding in early pregnancy (BEP) is understandably very distressing. ED can offer supportive treatment (fluids/analgesia if required). But definitive diagnosis is usually made in the Bleeding in Early Pregnancy (BEP) Clinic

WOMAN ARRIVES AT ED RECEPTION

Target time to Triage is 15 minutes. (Max of one hour)
Woman requested to wait in side room off the main waiting area or the main waiting area if room not available

TRIAGE ASSESSMENT

COMMENCE BEP PATHWAY DOCUMENT (note time of arrival at reception)

BHCG on urine to confirm pregnancy
Ask if patient is in pain
Establish blood loss ? more than a normal period
Observations and MEWS score

Outcome 1

Pain free
AND observations normal
AND MEWS = 0
AND bleeding less
Or equal to a normal period

Outcome 2

Not pain free **& / or**
PV Loss > normal
period
MEWS = 0-3

Outcome 3

Heavy PV loss
MEWS > 3
Haemodynamically unstable
***See Box A**

Can be discharged from Triage:-

- Take bloods for FBC and serum BHCG(BEP to review result)
- Advise woman to ring BEP to make an appointment
- Give woman the BEP Advice Leaflet (Telephone No for BEP included)
- Discuss the Safety Advice (see BEP Advice leaflet) and action to take

Prompt Assessment by ED clinician: Risk of ectopic pregnancy needs evaluation
If haemodynamically stable arrange transfer within 30 minutes to:

Ward 3E

if ≤ 12 weeks + 6 days pregnant
Delivery Suite

if ≥ 13 weeks pregnant

The O&G SHO / REGISTRAR should attend to review the woman on 3E/DS

Cannulate & take bloods
ED Dr to assess *** See Box A**
If after brief review Doctor agrees woman is stable – then to be transferred to 3E **within 30 minutes**
If not stable for transfer **then O&G SHO / MG to review in department within 30 minutes**
If no bed escalate to Gynaecology Matron(bleep 7305)
If delay transfer to main area of ED and complete a Datix if delay of 2 hours +
NB –Ward 3E to maintain 3 protected beds via Bed Management

BOX A

Assessment and Management of the unstable patient with PV bleed

Move patient to appropriate area of department and obtain ED doctor review

Establish iv access and fluids if necessary

If Patient safe for transfer (MEWS score <3) to be transferred to ward 3E within 30 minutes

Contact ward (3E or DS) Coordinator to arrange transfer

Patient to be transferred with nurse escort

If patient not stable for transfer O&G SHO / MG must attend within 30 minutes

If patient up to 13 weeks pregnant
destination ward is 3E. Contact 3E
coordinator on ext 1522

Patients 13-16 weeks pregnant
destination ward is Delivery Suite.
Contact DS coordinator ext 1502
/1503

NB BEP SUITE IS KNOWN AS BUCHANAN SUITE