

# Acute abdominal pain

Check vital signs, ABCDE

Lab: u-hCG, CRP, Hb, urinary dipstick

Gynaecological exam. and vaginal ultrasound (VU)

## u-hCG positive

**Spontaneous abortion:** Localized pain over the uterus in combination with larger vaginal bleeding

**Ectopic pregnancy (EctP):** Localized pain over one side  
Occasionally minor vaginal bleeding  
Risk of intraabdominal haemorrhage

*High probability of EctP if S-hCG does not double in 2 days or unable to find intrauterine pregnancy with VU when s-hCG >1000*

## u-hCG negative

**Ovarian torsion:** Acute onset of severe pain in intervals  
Often with cysts  $\approx$  5cm. Acute laparoscopic surgery

**Rupture of cyst/Ovulation pain:** Generalized pain in the lower abdomen (subsides within a few hours)

**Infection:** Pathological fluor/bleeding  $\rightarrow$  Chlamydia sample + Wet smear. Doxycycline + Metronidazole

**Endometriosis:** Dysmenorrhea  
Clinical diagnosis (laparoscopic verification if needed)  
Combined contraceptive hormone therapy (Neovletta/Prionelle), 2-4 menstruations/year

**Non gynaecological:** Appendicitis, urinary tract infection, gallstones

# Bishop's index

	0	1	2
<b>Station</b>	Above or at pelvis entrance	Above spinae	At or below spinae
<b>Diameter (cm)</b>	$\leq 0,5$	$0,5 < d < 1,5$	$\geq 1,5$
<b>Effacement (%)</b>	0	$< 50$	$\geq 50$
<b>Consistency</b>	Firm	Medium	Soft
<b>Position</b>	Posterior	Middle	Anterior

*Bishop's index is a modified Bishop's score*

Score  $< 6$  = Immature cervix  $\rightarrow$

High probability of long labour if induced

## Techniques used to induce labour

Intravenous prostaglandin E<sub>1</sub> or E<sub>2</sub> (Cytotec)

Vaginal prostaglandin E<sub>2</sub>

Amniotomy

Intrauterine balloon putting pressure on the cervix

Oxytocin i.v. to potentiate contractions (Syntocinon)

*Local guidelines on which method to use differ between hospitals*

# CTG

	Base HR	Variability + Acc.	Decelerations	Contractions
Normal	110-150	5-25	None	≤5/10min
		≥2 acc/60 min	Uniform early	
			Variable uncompl. <30 s, <60 beats	
Abnormal*	100-110	<5 for >40 min, with no acc	Variable uncompl. 30-60 sec OR >60 beats	>5/10min
	150-170	>25		
	<100 for <3 min	<2 acc/60 min		
Pathologic	>170	<5 for >60 min, with no acc	Variable complicated >60 sec	
	<100 for >3min	Sinusoidal pattern	Uniform late	
			Combined	
<b>Preterminal</b> No variability (<2/min) and no accelerations				
* ≥2 = suspected pathological				
<b>Acceleration</b>		Increase in heart rate of >15, for >15 s		
<b>Uniform deceleration</b>		Shaped like a U		
<b>Early</b>		With the contraction		
<b>Late</b>		After the contraction		
<b>Variable</b>		Variable form (see above table)		

# Fever Post Partum

<b>Mastitis</b>	<p><i>Redness, tenderness, and increased heat, in a localized area. Palpable resistance. High fever. CRP↑</i></p> <p>Breast feeding (empty the breast) pump if needed Culture if wound Flukloxacillin (Heracillin) 1g x3 If abscess: Ultrasound drainage and culture.</p>
<b>Endometritis</b>	<p><i>Abd. pain. Tender uterus. Malodorous bloody discharge. CRP↑</i></p> <p>Cervical culture (streptococcus), blood culture Methergin + antibiotics: Within days: pip/tazo 4g x4 Late: amoxi/klav 500mg/125mg x3 + metronidazol 400mg x3 5-10d</p>
<b>Wound infection</b>	<p><i>Redness, pus</i></p> <p>Wound culture Debridement</p>
<b>Pneumonia</b>	<p><i>Coughing, pleural pain</i></p> <p>Clinical examination, X-ray if needed If uncomplicated: PcG</p>
<b>Urinary tract inf.</b>	<p><i>Urinary urgency and tenderness over kidneys or bladder</i></p> <p>Urine culture Antibiotics, e.g. Selexid (CAVE Furadantin)</p>
<b>Thrombosis</b>	<p><i>Signs of pulmonary embolus or DVT</i></p> <p>Ultrasound legs Pulmonary CT if needed</p>

Swedish BESLUT = Bröst, Endometrit, Sårinfektion, Lunginflammation, Urinvägsinfektion, Trombos