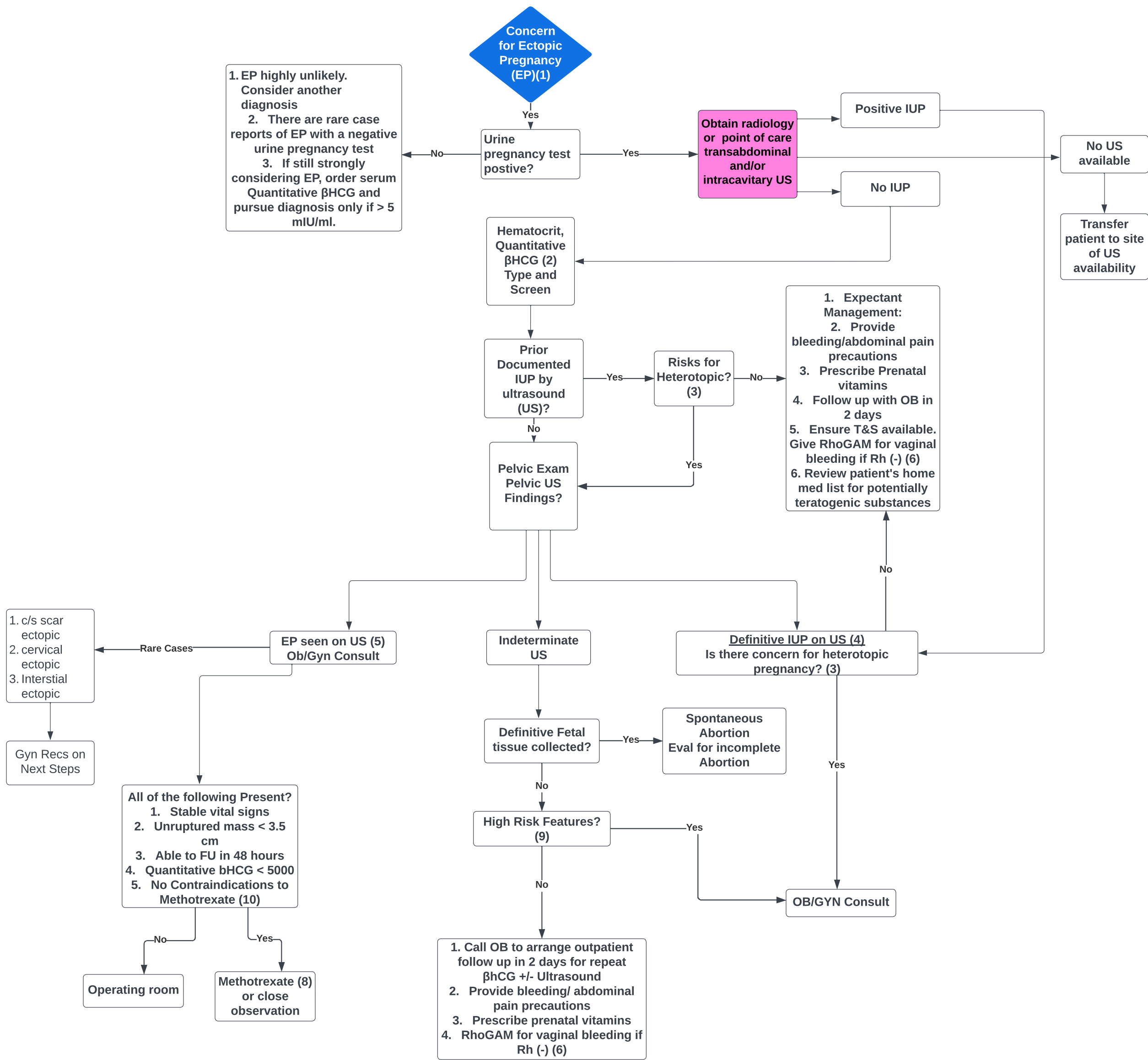


Guidelines for the Evaluation of Ectopic Pregnancy

| July 18, 2024



1. Childbearing age female with any of the following (1) abdominal/pelvic pain, (2) adnexal mass, (3) vaginal bleeding, (4) syncope, (5) dizziness
 2. Serum quantitative βHCG result should not delay bedside ultrasound. It is not required to confirm definitive IUP by bedside ultrasound.
 3. Patient with a history assisted reproductive fertility (including in vitro fertilization or ovulation induction agents)
 4. Definitive IUP: Gestational sac with yolk sac/fetal pole
 5. Definitive EP: Gestational sac containing clearly defined yolk sac or fetal pole outside of endometrial cavity (including cornua)
 6. RhoGAM (50 mcg IM if < 12 wks, 300 mcg IM if > 12 wks) for vaginal bleeding/Rh (-)
 7. "Discrimanatory Zone" is the Quantitative HCG above which an IUP should be seen in single gestations
 8. Methotrexate dosing: 50 mg/m² IM
 9. High risk features: h/o tubal ligation or tubal surgery, PID, previous EP, technically inadequate US, adnexal masses, moderate to large amount of free fluid in the cul de sac, bHCG>3500.
 10. Contraindication to Methotrexate: Hemodynamically unstable, Intra-uterine/heterotopic desired pregnancy, Breast Feeding, Immunodeficiency or immunosuppression, inability to follow up, Alcoholism, Pre-existing liver disease or dysfunctions, Hypersensitivity to Methotrexate, Active Pulmonary Disease, Peptic Ulcer Disease, Renal Dysfunction, severe anemia, leukopenia, thrombocytopenia, ectopic >3.5cm (relative)
- Ob/gyn consultation may be a telephone consult if appropriate. If discrepancy, an attending to attending discussion should occur to decide on the need for in person vs. telephone consultation. All consultations (telephone/video/in person) must result in a consult note in the medical record.