

# Manual of gynecologic and obstetric emergencies

## Saunders - Gynecologic and Obstetric Emergencies

Description: -

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 Currency question -- Brazil.  
 Art, African -- Exhibitions  
 Steel, Stainless -- Congresses  
 Chemistry -- Juvenile literature.  
 Simenon, Georges, 1903- -- Settings.  
 Simenon, Georges, 1903- -- Characters.  
 Simenon, Georges, 1903- -- Stories, plots, etc.  
 Pregnancy complications.  
 Obstetrics.  
 Genital diseases, Female.  
 Emergencies.  
 Obstetrical emergencies.  
 Gynecologic emergencies. Manual of gynecologic and obstetric emergencies  
 -Manual of gynecologic and obstetric emergencies  
 Notes: Includes bibliographical references and index.  
 This edition was published in 1984



Filesize: 52.88 MB

Tags: #Obstetric #and #gynecologic #emergencies

**Obstetric and Gynecologic Emergencies: Diagnosis and Management: 9780071379373: Medicine & Health Science Books @ metrics.learnindialearn.in**

The patient does not need since she has minimal bleeding and is hemodynamically stable.

### Gynecologic and Obstetric Emergencies

The minute ventilation, tidal volume, and respiratory rate increase during pregnancy resulting in a decreased functional residual capacity and a slight respiratory alkalosis. Blood pressure decreases to a nadir in the second trimester. Which of the following is the most appropriate next step in ED management? Endometrial cancer must be considered in any woman with abnormal vaginal bleeding who is older than 35, or any woman younger than 35 with risk factors for endometrial cancer.

### Manual of Obstetric Emergencies

Her vital signs are normal and exam confirms trace blood in the vaginal vault.

### Gynecologic and Obstetric Emergencies

Factors associated with a higher failure rate for treatment include larger tubal diameter, higher initial serum hCG level, severe abdominal pain, and fetal cardiac activity. Her physical exam is remarkable for left lower quadrant tenderness.

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McGraw Hill; Accessed August 02, 2021. The use of D-dimer in pregnant patients remains controversial but is likely to be elevated in the second and third trimester; therefore, it is not a useful test for pulmonary embolism. Culture swabs would be indicated if the patient had purulent discharge and cervical motion tenderness.

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