

Chapter 24, Gynecologic Emergencies

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1. Introduction to Gynecologic Emergencies

- Welcome to chapter 24 on gynecologic emergencies. [\[1\]](#)
- After this chapter, you will understand the female reproductive system. [\[2\]](#)
- You will also identify and describe assessment and treatment for gynecologic emergencies. [\[2\]](#)
- Special considerations for sexual assault cases are also discussed. [\[3\]](#)

2. Anatomy and Physiology of the Female Reproductive System

Structure	Location/Description	Function
External Genitalia	Vaginal opening, labia, clitoris, perineum	[5]
Ovaries	Each side of the lower abdomen	Produce an ovum (egg) [6]
Fallopian tubes	Connect each ovary to the uterus	Fertilization occurs here [15]
Uterus	Muscular organ	Fetus grows here during pregnancy [8]

Cervix	Narrowest part of the uterus, opens into the vagina	[8]
Vagina	Outermost cavity of the reproductive system	[9]
Menarche	Onset of menstruation, typically ages 11-16	Indicates capability of pregnancy [11]
Menopause	End of menstrual activity, usually around 50 years old	[12]
Ovulation	Release of one ovum into the fallopian tubes each month	[13]
Fertilization	Begins in the vagina, sperm travels to fallopian tubes	Embryo travels to uterus and grows [14]
Menstruation	Occurs if fertilization does not happen within 14 days of ovulation	Uterine lining separates [16]
Female Hormones	Produced primarily in the ovaries	Control ovulation and menstruation [17]

3. Common Gynecologic Emergencies: Pathophysiology and Symptoms

Condition	Pathophysiology	Common Symptoms	Risk Factors
Pelvic Inflammatory Disease (PID)	Infection of upper reproductive organs (fallopian tubes, ovaries) [20]	Generalized lower abdominal pain [23], abnormal or foul-smelling vaginal discharge [24], increased pain with intercourse [24], fever [24], general malaise	Multiple sexual partners [25], untreated STDs [26], history of PID [26], sexually active under 26 [26],

		[24], nausea and vomiting [24]	douching [26], IUD use [26]
Sexually Transmitted Diseases (STDs)	Infections spread through sexual contact [27]	Can be mild or absent [30], can lead to PID [28], premature birth or low birth weight (Bacterial Vaginosis) [33], susceptible to other infections (Bacterial Vaginosis) [33], cramping [35], abdominal pain [35], nausea [35], vomiting [35], bleeding between periods (Gonorrhea) [35], spread to other body parts (Gonorrhea untreated) [36]	Multiple sexual partners [25], untreated STDs [26]
- Chlamydia	Most common STD in the US [29], infection of cervix can spread to rectum and progress to PID [31]	Usually milder, absent symptoms [30]	
- Bacterial Vaginosis	Most common infection for women aged 15-44 [32]	Untreated can lead to premature birth or low birth weight in pregnancy [33], makes patient more susceptible to other infections [33], can cause PID [33]	

- Gonorrhea	Caused by bacteria that grow in warm, moist areas of reproductive tract [34]	Severe infections present with cramping, abdominal pain, nausea, vomiting, and bleeding between periods [35]	
Vaginal Bleeding	Causes include abnormal menstruation, vaginal trauma, ectopic pregnancy, spontaneous abortion, polyps, or cancer [38]	Visible bleeding [57], quality and quantity important to note [60]	

4. Patient Assessment in Gynecologic Emergencies

- Obtaining an accurate and detailed assessment is critical. [40]
- **Scene safety** is the first step. [42]
- Ask about assistance needed and number of patients. [42]
- Determine the nature of the illness. [42]
- Take standard precautions, as large amounts of blood and body fluids may be present. [42]
- Document accurately, especially if it's a crime scene. [44]
- Involve the police if assault is suspected. [45]
- A female EMT should provide care in sexual assault cases if possible. [45]
- The **primary assessment** includes forming a general impression. [47]
- Use the **AVPU scale** for level of consciousness. [47]
- Evaluate airway and breathing immediately. [48]
- Palpate pulse and evaluate skin color, temperature, and moisture to identify blood loss. [49]
- Most gynecologic emergencies are not life-threatening. [50]
- If signs of shock are present, transport is warranted. [51]
- **History taking** involves investigating the chief complaint. [52]
- Be sensitive as questions may be personal. [52]

- Protect the patient's privacy and dignity. [52]
- For abdominal pain, use **OPQRST**. [53]
- Ask about associated symptoms like syncope, nausea, vomiting, or fever. [54]
- For vaginal bleeding, follow OPQRST with **SAMPLE history**. [54]
- Ask about birth control, medical conditions, and last menstrual period. [54]
- The **secondary assessment** focuses on the chief complaint area. [56]
- Check **vital signs**. [57]
- Assess the abdomen for distension or tenderness. [57]
- Note visible bleeding and mental status. [57]
- Physical exams should be limited and professional. [58]
- Only examine genitalia if necessary for treatment. [58]
- For vaginal bleeding, visualize the bleeding. [60]
- Ask about the quality and quantity of bleeding. [60]
- Observe for vaginal discharge. [60]
- Fever, nausea, and vomiting are significant in gynecologic emergencies. [61]
- Syncope is also significant and treat as if in shock. [61]
- Vital signs include heart rate, respiratory rate, skin condition, cap refill, and blood pressure. [62]
- Consider orthostatic vital signs if bleeding is known or suspected. [62]

5. Emergency Care and Special Considerations

Principle	Description
Maintain Privacy	Get the patient to a private location if possible. [63]
Female EMT Participation	Have a female EMT participate in patient care if possible. [63]
Managing Vaginal Bleeding	Use sanitary pads on external genitalia to absorb blood. [64]
	Document the number of saturated pads. [65]

	Treat external lacerations, abrasions, or tears with sterile compresses. [66]
	Never pack or place dressings in the vagina. [67]
Assessment and Management of PID	Patient will complain of abdominal pain. [68]
	Pain usually starts during or after menstruation. [69]
	Pain may be worse with walking, causing a shuffling gait. [70]
	Prehospital treatment is limited. [71]
	Non-emergency transport is usually recommended. [71]
Considerations for Sexual Assault Victims	Sexual assault and rape are common in the US. [72]
	EMTs face medical, psychological, and legal issues. [73]
	Professionalism, tact, kindness, and sensitivity are important. [74]
	Be aware of drugs used to incapacitate a person. [75]
	Offer the patient the option of being treated by a female EMT. [76]
	Focus on medical treatment, psychological care, and evidence preservation. [77]
	Persuade the patient not to clean themselves if possible. [78]

	Offer to call the local Rape Crisis Center. [79]
	Limit physical exam to a brief survey for life-threatening injuries. [79]

6. Key Takeaways and Review

- Q: What is the narrowest portion of the uterus? A: The cervix. [\[83\]](#)
- Q: What is the outermost cavity of the woman's reproductive system? A: The vagina. [\[85\]](#)
- Q: If fertilization has not occurred within about how many days following ovulation? A: 14 days. [\[86\]](#)
- Q: The onset of menstruation is called? A: menarche. [\[87\]](#)
- Q: Which of the following can cause vaginal bleeding? A: Looks like it's all of the above. [\[88\]](#)
- Q: What is the most common presenting sign of PID? A: Lower abdominal pain. [\[89\]](#)
- Q: When obtaining a SAMPLE history, which of the following pieces of information is important to obtain? A: This looks like it's another all of the above. [\[89\]](#)
- Q: What is the EMT's first priority when dealing with a patient experiencing excessive vaginal bleeding? A: Treat for shock and transport. [\[90\]](#)
- Q: Which of the following drugs are commonly used to facilitate an assault? A: Ruol. [\[91\]](#)
- Q: You should discourage a rape or sexual assault victim from doing which? A: All of the above. [\[93\]](#)