

- a. Obstetrical history [See [Childbirth Guideline](#)]
  - b. Abdominal pain – onset, duration, quality, radiation, provoking or relieving factors
  - c. Vaginal bleeding – onset, duration, quantity (pads saturated)
  - d. Syncope/lightheadedness
  - e. Nausea/vomiting
  - f. Fever or history of recent fever
2. Monitoring
  - a. Monitor EKG if history of syncope or lightheadedness
  - b. Monitor pulse oximetry if signs of hypotension or respiratory symptoms
3. Secondary survey pertinent to obstetric issues
  - a. Constitutional: vital signs, skin color
  - b. Abdomen: distension, tenderness, peritoneal signs
  - c. Genitourinary: visible vaginal bleeding
  - d. Neurologic: mental status

#### **Treatment and Interventions**

1. If signs of shock or orthostasis:
  - a. Position patient supine or in the left lateral recumbent position if third trimester and keep patient warm
  - b. Place large bore IV
  - c. Volume resuscitation: crystalloid 1–2 liters IV wide open
  - d. Reassess vital signs and response to fluid resuscitation
  - e. Save all possible tissue so that the receiving team can assess
2. Disposition – transport emergently to closest appropriate receiving facility – notify en route if possible so the receiving team may prepare

#### **Patient Safety Considerations**

1. Patients in third trimester of pregnancy should be transported on left side or with uterus manually displaced to left if hypotensive
2. Do not place hand/fingers into vagina of bleeding patient except in cases of prolapsed cord or breech birth that is not progressing

#### **Notes/Educational Pearls**

##### **Key Considerations**

Syncope can be a presenting symptom of intraabdominal hemorrhage from ectopic pregnancy or antepartum hemorrhage from spontaneous abortion, placental abruption, or placenta previa

##### **Pertinent Assessment Findings**

1. Vital signs to assess for signs of shock (e.g., tachycardia, hypotension)
2. Abdominal exam (e.g., distension, rigidity, guarding)
3. If pregnant, evaluate fundal height

#### **Quality Improvement**

##### **Associated NEMESIS Protocol(s) (eProtocol.01)** (for additional information, go to [www.nemesis.org](http://www.nemesis.org))

- 9914159 – OB/GYN - Gynecological Emergencies
- 9914161 – OB/GYN - Pregnancy Related Disorders