



VAGINAL BLEEDING DURING PREGNANCY

ALS STANDING ORDERS:

1. Place in Left-lateral position if second or third trimester.
2. Pulse oximetry, if room air oxygen saturation less than 95%, administer:
 - *High-flow Oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
3. If signs of, or suspected hypovolemia:
 - *Establish IV access*
 - *Infuse 250 mL Normal Saline fluid, continue Normal Saline as a wide open infusion to attain or maintain perfusion.*
4. If fetal tissue is passed in field; take tissue in a container with patient to ERC. The identification of passed fetal tissue is important in determining the degree of a miscarriage and the further management of the case.
5. Contact Base Hospital early to determine destination for ERC with OB capability if needed.
6. ALS escort in left-lateral position, to appropriate ERC based on estimated pregnancy trimester:
 - Vaginal bleeding during the first 19 weeks of pregnancy to nearest ERC.
 - Vaginal bleeding after 20 weeks pregnancy to nearest ERC with OB capability.

Approved:

Review Dates: 5/16, 11/16
Final Date for Implementation: 04/01/2017
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TREATMENT GUIDELINES:

1. Bleeding during first 19 weeks of pregnancy:

- Evaluate for presence of tissue.
 - Patient needs urgent evaluation. May be emergent depending on quantity of bleeding or associated abdominal pain, complaint of fever.
 - Rupture of ectopic pregnancy may present with symptoms/signs of pregnancy, irregular menses or bleeding; abdominal pain; possible signs of hypovolemia.
 - Pain in the shoulder region during bleeding in early pregnancy may be referred pain of ectopic pregnancy.

Approved:

A handwritten signature in blue ink that appears to read "S. Smith".

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