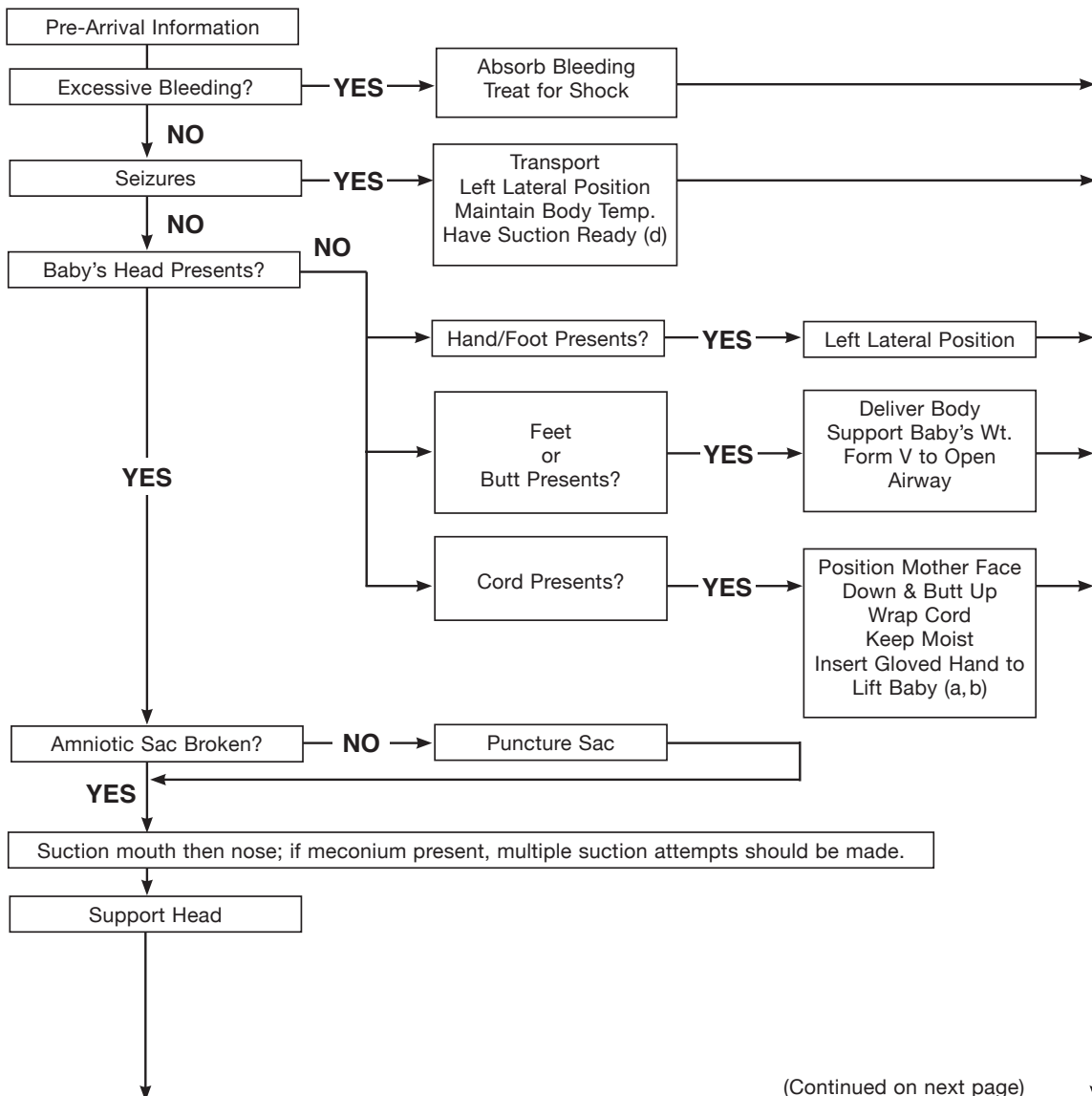


BB. OBSTETRICAL/GYNECOLOGICAL EMERGENCIES: CHILDBIRTH ALGORITHM

1. Inclusion Criteria

Patient presents pregnant, with contractions and/or pain, accompanied by bleeding or discharge, crowning during contraction, the feeling of an impending bowel movement, and/or a rock-hard abdomen.

2. Treatment



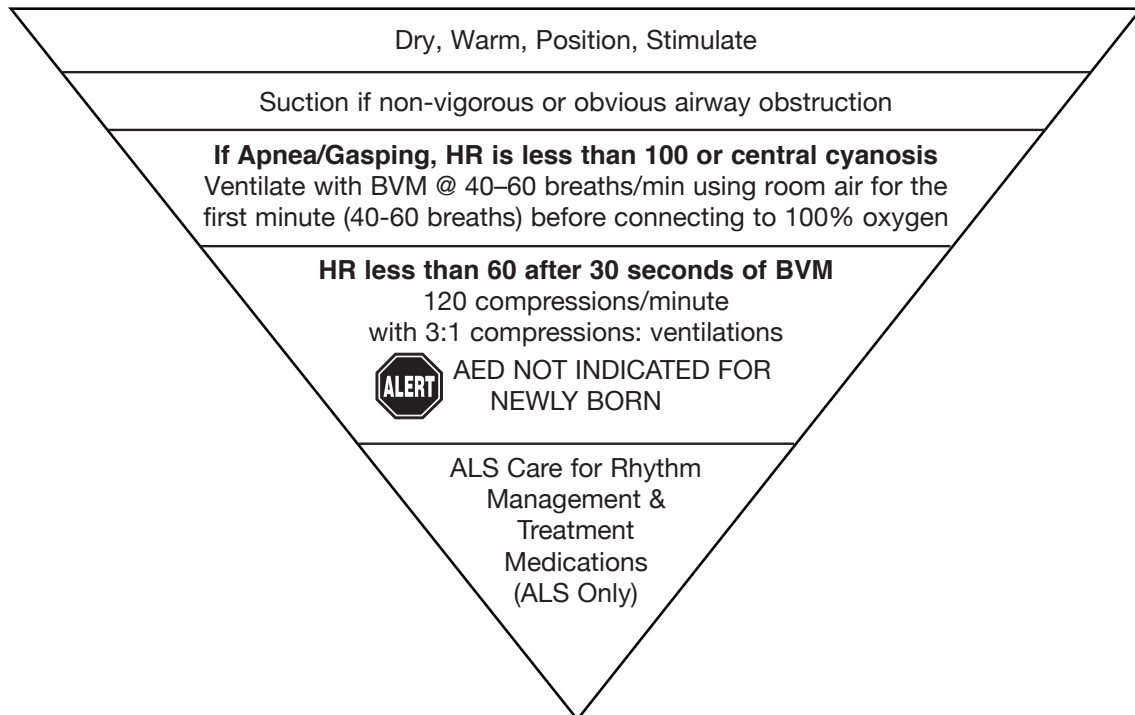
CC. NEWLY BORN PROTOCOL (LESS THAN 1 HOUR OLD)



1. Inclusion Criteria

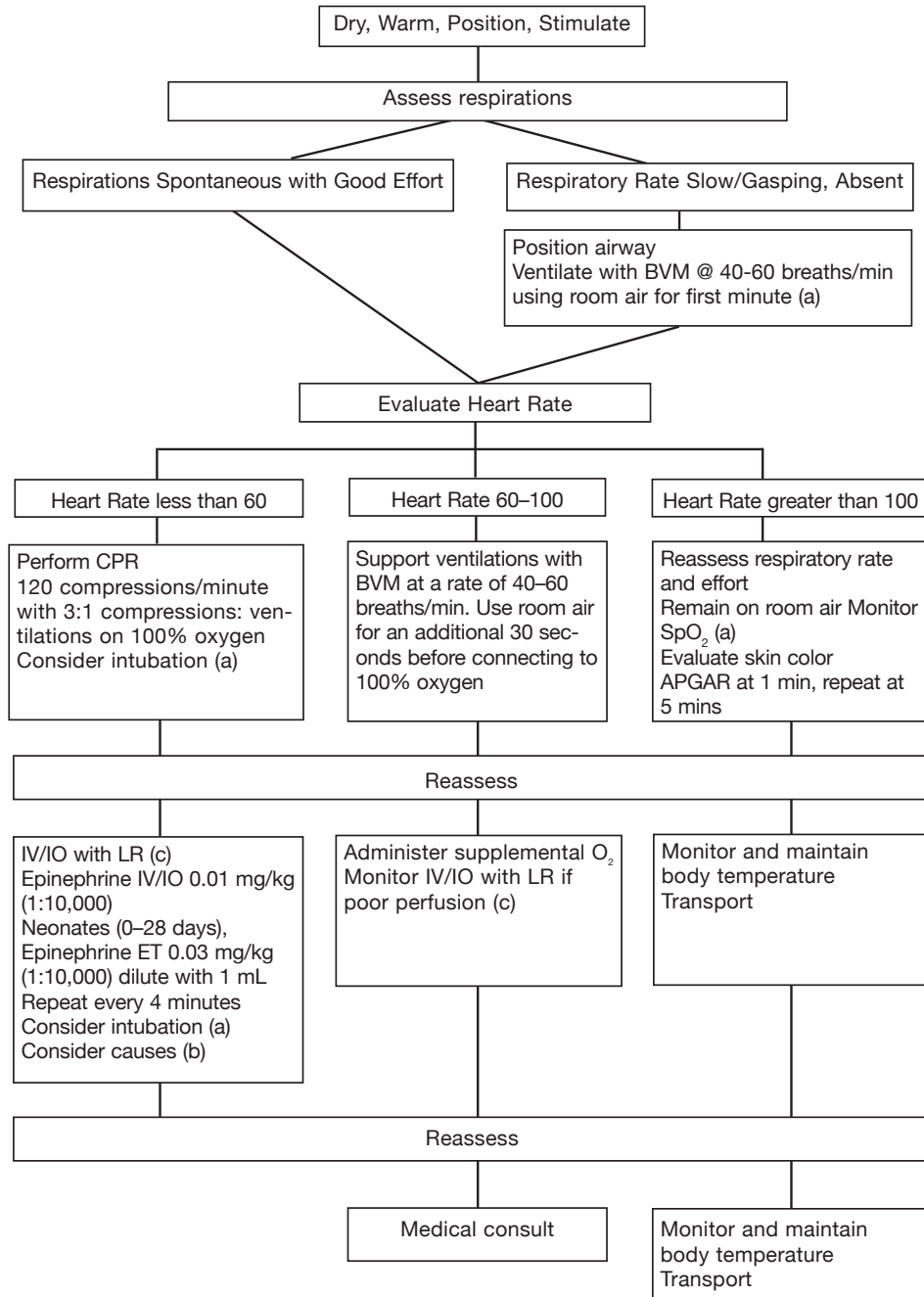
This protocol applies to the infant within the first hour after delivery.

UNIVERSAL ALGORITHM FOR THE NEWLY BORN FOR BLS





3.

UNIVERSAL ALGORITHM FOR NEWLY BORN FOR ALS

CC. NEWLY BORN PROTOCOL (Continued)

(a) - Acceptable Target SpO₂ after Birth

1 min – 60-65%

2 min – 65-70%

3 min – 70-75%

4 min – 75-80%

5 min – 80-85%

10 min – 85-95%

(b) - Consider possible causes of depressed newborn.

(Parenthesis = possible therapies and treatments)

Respiratory depression (Premature infants less than 32 weeks gestation will likely require ongoing BVM ventilations due to immature lungs.)

Hypoglycemia (Threshold for treatment = 30 mg/dL) (D10W 2–4 mL/kg IV/IO (D10W is prepared by mixing one part of D50W with four parts LR.))

Hypothermia (Warming)

Hypovolemia (Volume infusion – see “c”, below)

(c) - Volume infusion is 10 mL/kg.

4. APGAR Chart

APGAR Chart

| SIGN | 0 | 1 | 2 |
|---|-------------|--------------------------------|-------------------------------|
| MUSCLE TONE (ACTIVITY) | LIMP | SOME FLEXION | ACTIVE, GOOD FLEXION |
| PULSE | ABSENT | LESS THAN 100/MIN | GREATER THAN 100/MIN |
| REFLEX IRRITABILITY* (GRIMACE) | NO RESPONSE | SOME GRIMACE OR AVOIDANCE | COUGH, CRY OR SNEEZE |
| COLOR (APPEARANCE) | BLUE, PALE | PINK BODY, BLUE HANDS/FEET | PINK |
| RESPIRATIONS | ABSENT | SLOW/IRREGULAR, INEFFECTIVE | CRYING, RHYTHMIC EFFECTIVE |
| <i>*Nasal or Oral Suction Catheter Stimulus</i> | | | |

DD. OBSTETRICAL/GYNECOLOGICAL EMERGENCIES: VAGINAL BLEEDING

1. Inclusion Criteria

Unusually heavy vaginal bleeding as a result of possible pregnancy, miscarriage, postpartum bleeding, or sexual assault. Patient may exhibit the signs and symptoms of hypoperfusion.



2. Treatment


- a) Place absorbent pads underneath patient.
- b) Treat for hypoperfusion.
- c) If post-partum bleeding, consider uterine massage from pubis toward umbilicus only.
- d) Reconsider ALS.



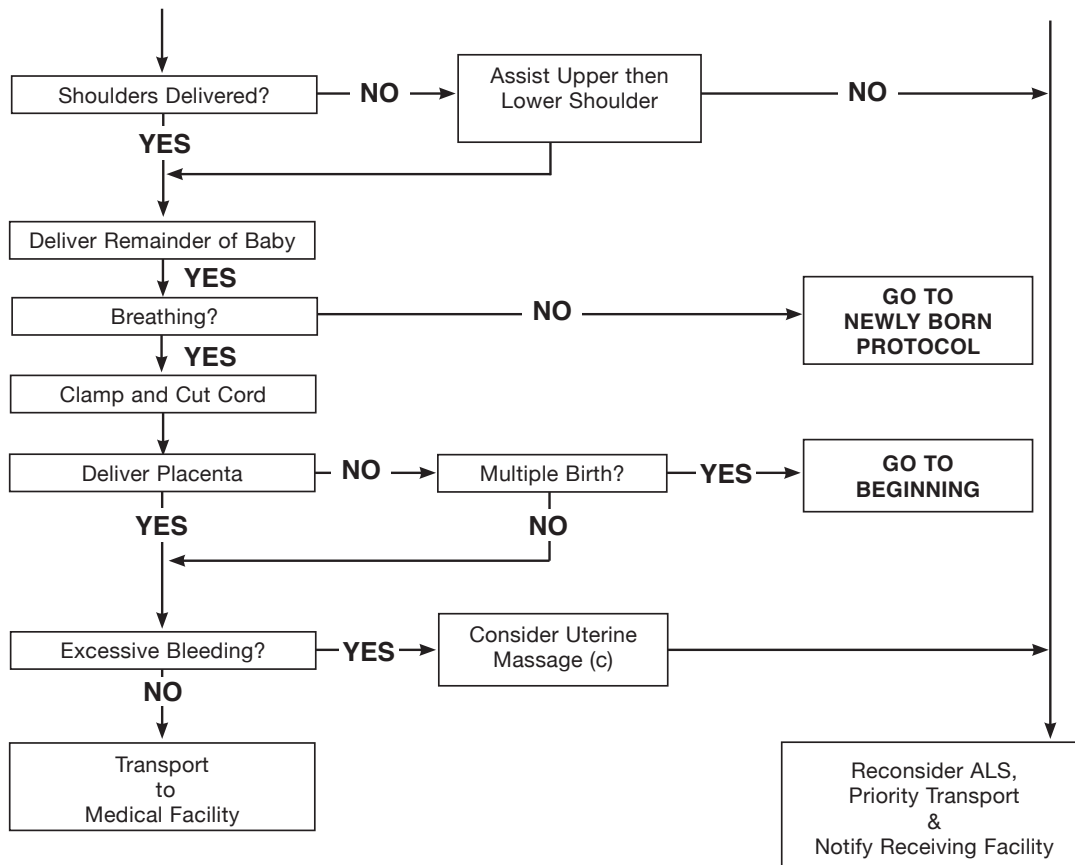
PRODUCTS OF CONCEPTION SHOULD BE BROUGHT TO THE HOSPITAL!

DO NOT PULL CONCEPTUAL PRODUCTS FROM VAGINAL OPENING WITHOUT MEDICAL CONSULTATION!




-
- e) Establish IV access with LR, if appropriate.
 - f) Administer fluid bolus, if appropriate.
20 mL/kg of LR IV
Titrate to a systolic pressure of 90 mmHg.
 - g)  Consider additional fluid administration.
Maximum dose 2,000 mL without medical consultation.

**BB. OBSTETRICAL/GYNECOLOGICAL EMERGENCIES:
CHILDBIRTH ALGORITHM (Continued)**



(a) - Keep presenting part of baby off the cord. Monitor and attempt to maintain the pulse in the cord.

(b) - Position of mother: 

(c) - Uterine massage is performed with the heel of the hand applying firm pressure from the pubis toward the umbilicus only. This massage is continued until bleeding diminishes. Transport rapidly.

(d) - Go to Seizure Protocol: Consider midazolam.