

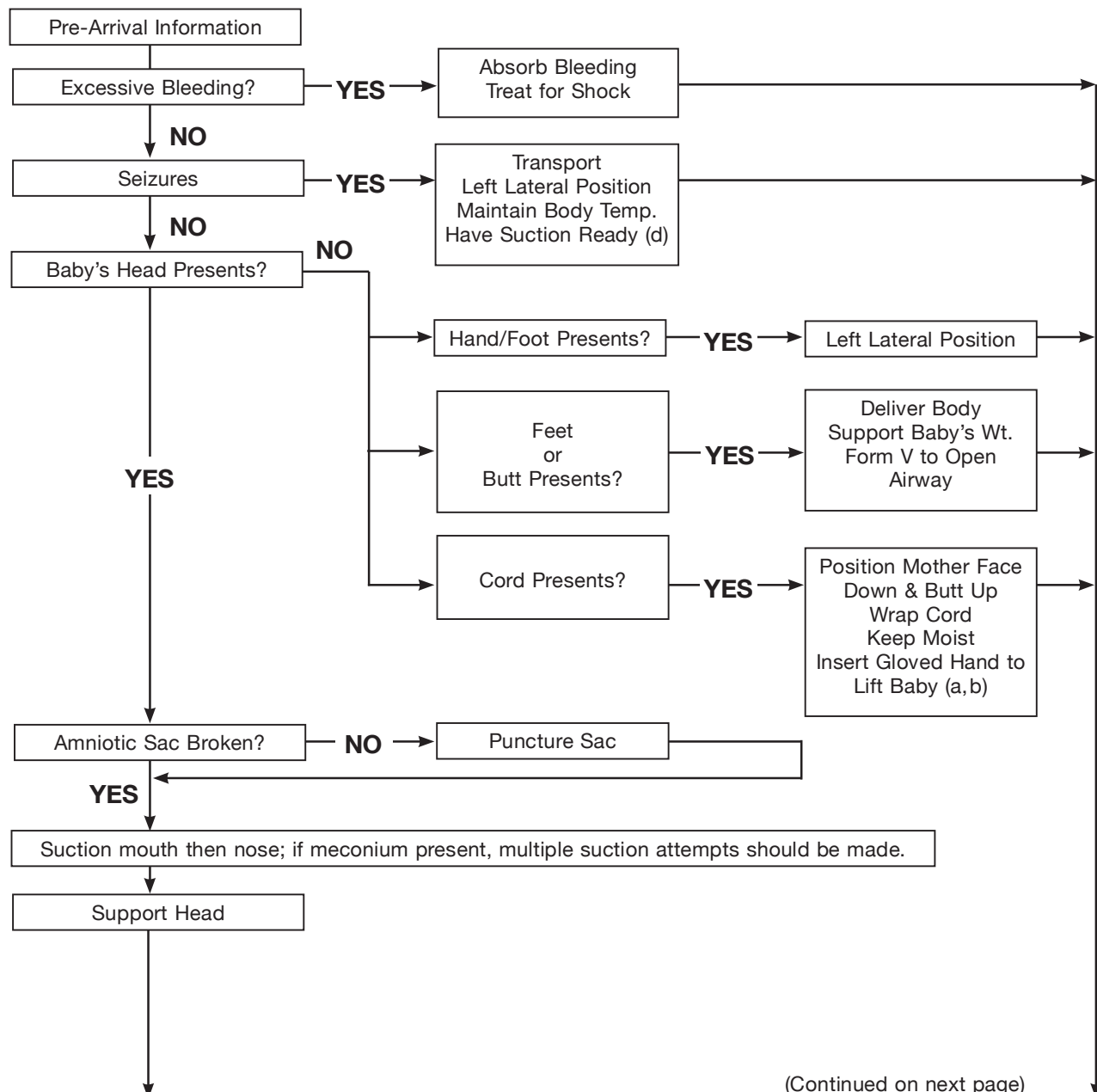
## CC. OBSTETRICAL/GYNECOLOGICAL EMERGENCIES: CHILDBIRTH ALGORITHM

1. Initiate General Patient Care.

2. Presentation

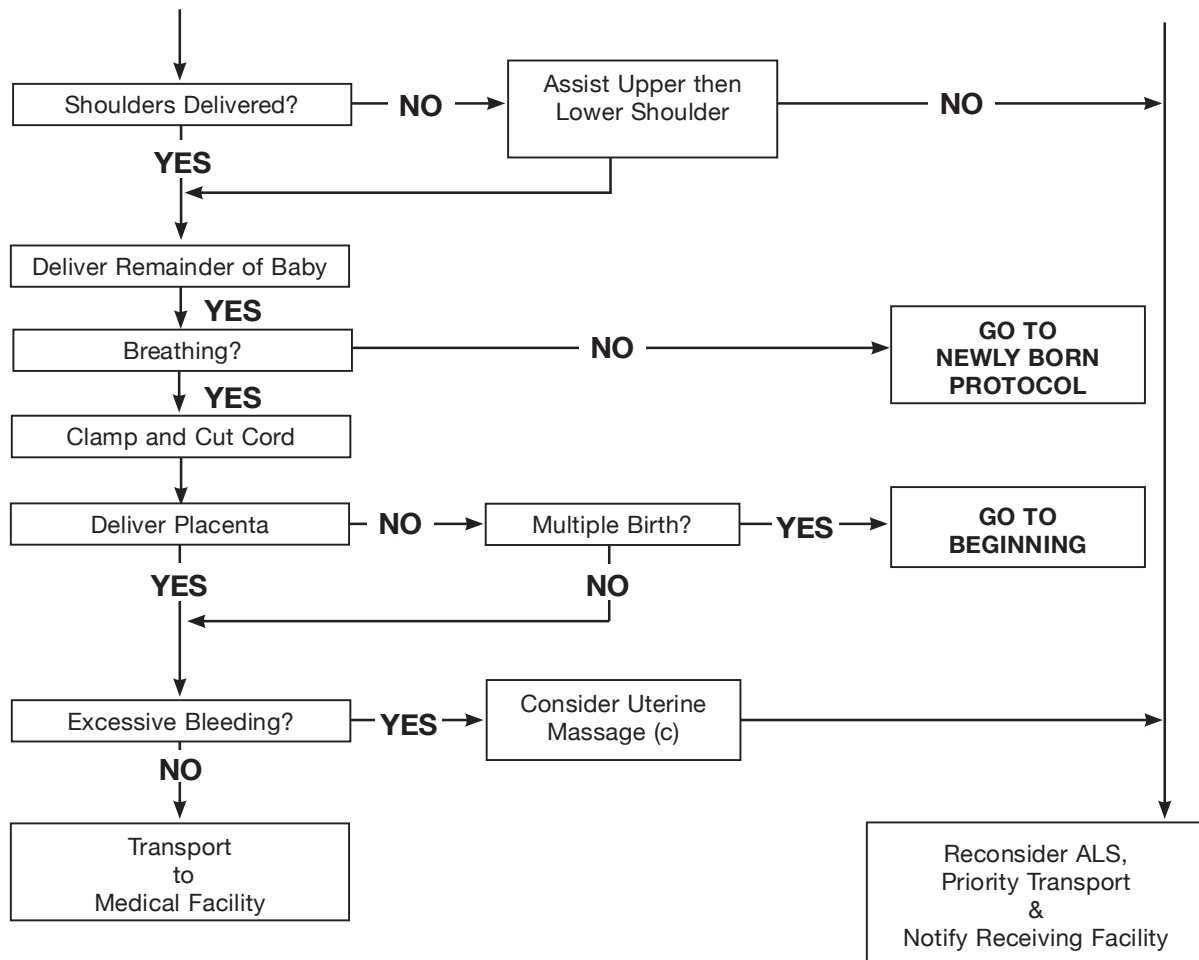
Patient presents pregnant, with contractions and/or pain, accompanied by bleeding or discharge, crowning during contraction, the feeling of an impending bowel movement, and/or a rock-hard abdomen.

3. Treatment




(Continued on next page)

## CC. 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.

### 4. Continue General Patient Care.

## DD. NEWLY BORN PROTOCOL (LESS THAN 1 HOUR OLD)

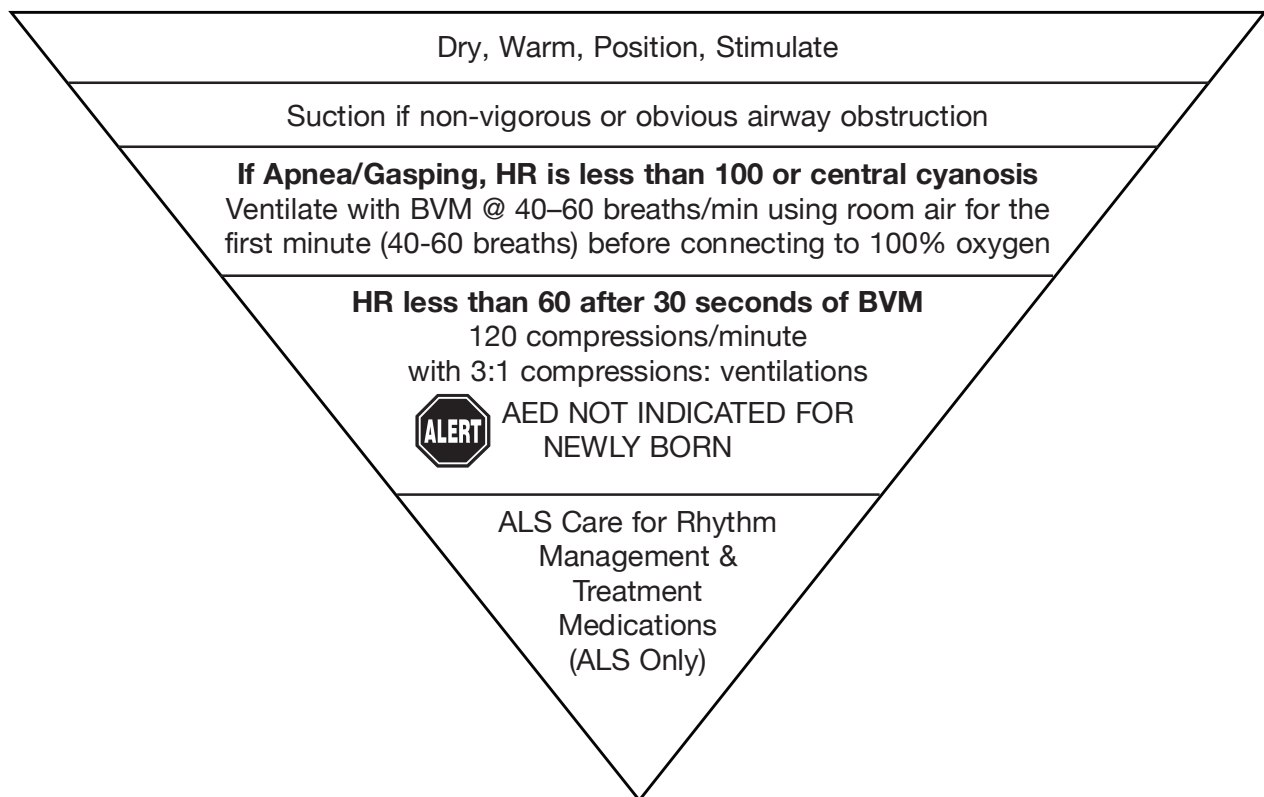


1. Initiate General Patient Care.

2. Presentation

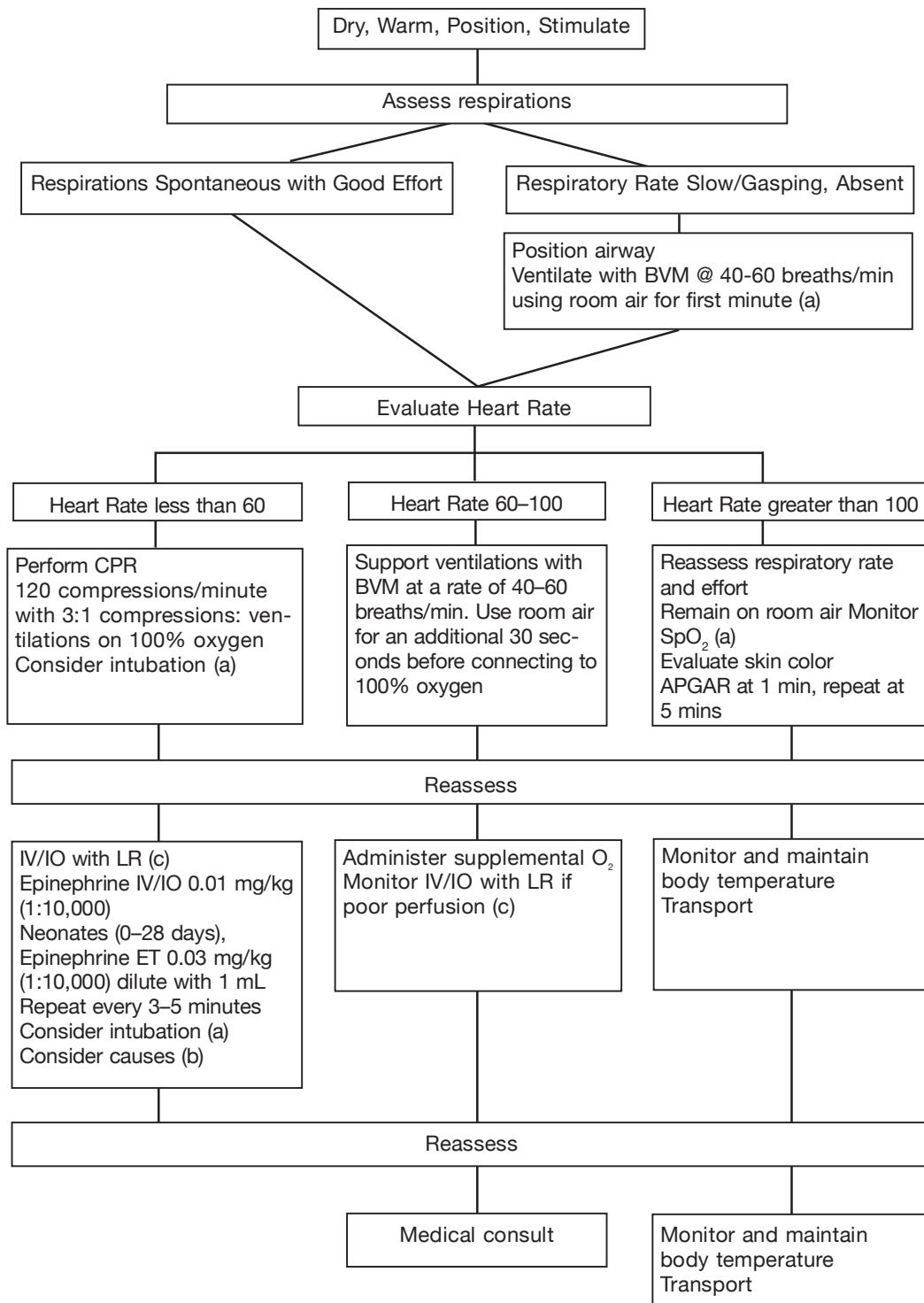
This protocol applies to the infant within the first hour after delivery.

### UNIVERSAL ALGORITHM FOR THE NEWLY BORN FOR BLS





3.

**UNIVERSAL ALGORITHM FOR NEWLY BORN FOR ALS**

## DD. NEWLY BORN PROTOCOL (Continued)

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

## EE. OBSTETRICAL/GYNECOLOGICAL EMERGENCIES: VAGINAL BLEEDING

1. Initiate General Patient Care.

2. Presentation

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.



3. 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!



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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 100 mmHg.

g)  Consider additional fluid administration.

Maximum dose 2,000 mL without medical consultation.

4. Continue General Patient Care.