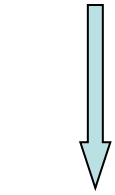


<12/40 pregnant presenting with PV bleed or pain in the ED



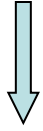
Systolic BP <90

Y



→ Area 1, ED ST4+ assess – decision may be made that the BP is within normal limits for the patient
ED Consultant involvement between 0800-0000
Refer to Gynae Senior Reg
Gynae team must r/v in ED within 30 mins
Use same principles as “**trauma shock**” and consider major haemorrhage protocol – i.e. resuscitate with blood & products, keep warm, avoid coagulopathy
16g iv access, GS or XM, FBC, bHCG, UE, clotting, recurrent VBG
Remember – involve seniors early! - consider “straight to theatre”, inform Gynae Consultant prior to transfer from ED

N



Any signs of instability?

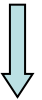
HR > 100 even after analgesia
Passage of clots bigger than a golf ball
Over 3 sanitary pads per hour needed
Fainting or postural symptoms
Signs of poor perfusion e.g. cold hands
General abdo, loin, or shoulder-tip pain

Y



This patient can get very poorly quickly:
Close monitoring in Area 3 or 1 - 16g iv access, FBC, GS, bHCG.
ED ST4+ or ED Cons must be involved in decision making
Refer → Gynae senior reg
r/v in ED within 30 mins unless consultant agrees C32
Pre-warn admitting ward NIC ext. 70437
ED Nurse transfer +/- gynae doctor

N



Any risk factors for ectopic?

1. **Gastrointestinal symptoms**
2. Pelvic pain
3. PV bleed and any of :-
 - Previous ectopic
 - IVF
 - Previous PID or STI
 - Previous pelvic surgery
 - Current IUCD

Y



0900-1830 – refer to NIC on A23 – 70271 or 70272
1830-0900 – refer to gynae SHO for admission 784-3358
16g iv access, FBC, GS, bHCG.
EDA transfer with ED nurse telephone handover
Do not transfer via USS

N



ED nurse band 6+ can manage patient without doctor clerking if they feel confident to:

Phone 70271 or 70272 and arrange EPAU appointment

Do not tell patient they will definitely get a same day scan Write in Part 1 of patients Pregnancy Book your summary of events

Gynae consultant on HOT WEEK Mon - Fri (08:00 – 17:00) - 70436
Senior Nurse on Emergency Gynae ward C32 – 70437

ED team must examine the patient fully – look at the blood loss - re-examine 15mins after a pad change to gauge blood loss
If a Gynae doctor is unable to review within 30mins then escalate upwards
Simple things can help – e.g. removing a clot from the cervical os.
No requirement for ED doctors to order USS
Read the guidelines on how to handle products of conception

12-20/40 pregnant presenting with PV bleed or pain in the ED

Check if dating scan done
- if not, treat as <12/40

Systolic BP <90

Y

→ Area 1, ED ST4+ assess – decision may be made that the BP is within normal limits for the patient
ED Consultant involvement between 0800-0000
Refer → Gynae Senior Reg
r/v in ED within 30 mins
Use same principles as “trauma shock” - resuscitate with blood & products, keep warm, avoid coagulopathy
16g iv access, GS or XM, FBC, UE, clotting, recurrent VBG. (no bHCG)
Left Lateral Tilt!
Remember – involve seniors early! - Consider “straight to theatre” & inform Gynae Consultant prior to transfer from ED

N

Any signs of instability?

HR > 100 after analgesia
Passage of clots bigger than a golf ball
Over 3 sanitary pads per hour needed
Fainting/postural symptoms
Signs of poor perfusion e.g. cold hands
Generalised abdominal, loin, or shoulder tip pain

Y

This patient can get very poorly quickly:

Close monitoring in Area 3 or 1
16g iv access, FBC, GS, UE, LFT. (no bHCG)
ED ST4+ or ED Cons must be involved in decision making
Refer → Gynae Senior Reg
r/v in ED within 30 mins unless consultant agrees C32
Pre-warn admitting ward NIC ext. 70437
ED Nurse transfer +/- gynae doctor

N

Bleeding more than “spotting” or leakage of fluid/liquor at any time, or currently in pain

Y

0900-1830 – refer to NIC on A23 – 70271 or 70272
1830-0900 – refer to gynae SHO for admission 784-3358
EDA transfer with ED nurse telephone handover
Do not order or transfer via USS

N

Discharge to community midwife care.

If >16/40 and the ED doctor feels competent they can perform doppler or USS to check for fetal heart beat. Refer Gynae SHO if absent.

If rhesus negative - send GS sample on kleihauer Green form to order 250iu Anti D for midwife to give
Write in Part 1 of patients Pregnancy Book your summary of events

General points - Involve seniors early. Re-examine 15mins after a pad change to gauge blood loss. Read the guidelines on how to handle products of conception