

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Gynecological Emergencies – Hemorrhage

Overview: Assessment and history to identify treatable causes cannot be over emphasized. The anatomical and physiological differences of pregnancy can mask severe problems. ALL Gynecological emergency patients should be transported to the hospital.

INFORMATION NEEDED

- Patient age
- Medical History
- Last menstrual period and possibility of pregnancy
- Duration and amount of bleeding.
- If pregnant, gestational age of fetus, gravida / para, and anticipated problems (placenta previa, pre-eclampsia, prenatal care, drug / alcohol use)
- Presence of contractions, cramping or discomfort.
- Mechanism of injury if trauma involved

OBJECTIVE FINDINGS

- If vaginal bleeding, attempt to estimate blood loss
- If spontaneous abortion, if possible bring material to hospital for evaluation.
- If blurred vision, spots before eyes, headache, seizures or hypertension consider pre-eclampsia or eclampsia
- Check for hyper-reflex and / or fluid collection in lower extremities

TREATMENT

- Assess patient
- Assess airway patency utilizing adjuncts as indicated (OPA, NPA). Secure the airway.
- Routine Medical Care
- Obtain SAMPLE history
- Transport as soon as possible
- Stabilize neck in trauma suspected (if necessary)
- If other trauma is suspected refer to appropriate trauma protocol.
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated.
- Reassess ABC's including patient's color.
- Reassess BLS methods to maintain airway patency and good ventilation.
- Lay patient in position of comfort, (left lateral recumbent position . (If trauma turn backboard)

Documentation of adherence to protocol:

- Blood pressure trending documented
- Vaginal bleeding documented

Medical Control Contact Criteria
<input type="checkbox"/> Contact medical control if seizures occur.

PRECAUTIONS AND COMMENTS

- Spontaneous abortion of fetus (<20weeks) gestational age should be considered a neonatal resuscitation. See neonatal resuscitation protocol.
- Do not pack the vagina with any material to stop bleeding. A bulky dressing or pad should be used externally to absorb flow.
- Consider ruptured ectopic pregnancy in a woman of childbearing age with signs of shock.
- See Childbirth protocol for treatment of post partum hemorrhage.

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

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- Patient age
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- Last menstrual period and possibility of pregnancy
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- Presence of contractions, cramping or discomfort.
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- Assist ventilations with BVM and 100% oxygen if indicated.
- Reassess ABC's including patient's color.
- Reassess BLS methods to maintain airway patency and good ventilation.
- Lay patient in position of comfort, (left lateral recumbent position . (If trauma turn backboard)
- Apply cardiac monitor
- IV access
- Consider fluid challenge (500ml) of NS if signs of hypotension present (SBP <100)

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

Documentation of adherence to protocol:

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