REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Pregnancy Trauma

Overview: Trauma in the pregnant patient holds the same priorities in assessing and managing that patient: adequate airway, ventilatory and circulatory support with spinal precautions, hemorrhage control. However, anatomical and physiological changes associated with pregnancy can alter the patient's response to injury, requiring modifications in these strategies. Fetal survival is contingent on the mother's status; therefore, the EMT must focus on the mother's management.

INFORMATION NEEDED

__ Patient complaint.
__ Mechanism of Injury
__ Gestational age, single or multi fetus
__ Age of mother
__ Number of pregnancies

OBJECTIVE FINDINGS

__ Presence/ absence of Fetal Heart Tones, if possible
__ Fetal movement as reported by the mother

TREATMENT

__ Prepare for rapid transport
__ Routine Trauma Care.
__ Increase Oxygen to 100% by non-rebreather mask or assist with BVM.
__ Goal is to keep the mother's SBP > 100. Be aware mother may appear stable but fetus may be in jeopardy.
__ Check externally for uterine contractions, vaginal bleeding, and/or leaking amniotic fluid. Assess for fetal movements.
__ Raise right side of backboard 20-30° to place patient on left side.
__ Notify Medical Control EARLY of situation
__ Consider ALS intercept/ transport

TRAUMATIC ARREST IN PREGNANT PATIENT

__ Initial Trauma Care. Treat all life-threatening injuries as in non-pregnant patient.
__ CPR while manually displacing uterus to left side.
__ Notify hospital EARLY in an effort to mobilize appropriate hospital personnel.
__ Fetus may survive if aggressive trauma care is utilized
__ ALS intercept/ transport

Documentation of adherence to protocol:
__Oxygen administered at 100%
__ Fluids administered to sustain SBP > 100
__ Other care administered
__ Transported on left side
__ ALS intercept request

Medical Control Contact Criteria
__ Contact Medical control if assistance is needed
__ Notify Medical Control EARLY of situation

PRECAUTIONS AND COMMENTS

- Most common cause of fetal death is maternal death.
- Fetus may be in jeopardy while mother's vital signs remain stable.
- All pregnant patients > 20 weeks should be transported on left side.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

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INFORMATION NEEDED

__ Patient complaint.
__ Mechanism of Injury
__ Gestational age, single or multi fetus
__ Age of mother
__ Number of pregnancies

OBJECTIVE FINDINGS

__ Presence/ absence of Fetal Heart Tones, if possible
__ Fetal movement as reported by the mother

TREATMENT

__ Prepare for rapid transport
__ Routine Trauma Care.
__ Increase Oxygen to 100% by non-rebreather mask or assist with BVM.
__ Consider early initiation of IV fluids based on mechanism of injury and patient condition to keep mother's SBP > 100. Be aware mother may appear stable but fetus may be in jeopardy.
__ Check externally for uterine contractions, vaginal bleeding, and/or leaking amniotic fluid. Assess for fetal movements.
__ Raise right side of backboard 20-30° to place patient on left side.
__ Notify Medical Control EARLY of situation

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