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
__ 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 – Intermediate

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)
__ Apply cardiac monitor
__ IV access
__ Consider fluid challenge (500ml) of NS if signs of hypotension present (SBP <100)

Documentation of adherence to protocol:
__ Blood pressure trending documented
__ Vaginal bleeding documented

Medical Control Contact Criteria
__ 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

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)
__ Apply cardiac monitor
__ IV access
__ Consider fluid challenge (500ml) of NS if signs of hypotension present (SBP <100)

Documentation of adherence to protocol:
__ Blood pressure trending documented
__ Vaginal bleeding documented

Medical Control Contact Criteria
__ 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.