OBSTETRICAL / GYNECOLOGICAL EMERGENCIES

BLS:

- 1. Initiate **General Patient Care**.
- 2. If patient presents with vaginal bleeding, determine pregnancy status
 - Any passed tissue or products of conception should be transported with the patient.
- 3. If 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, prepare for imminent delivery.
 - a. Normal (head first) presentation
 - 1) Puncture amniotic sac if not already broken
 - 2) Deliver and support the head
 - 3) Suction mouth then nose. If meconium is present, repeat several times
 - 4) Deliver upper shoulder then lower shoulder
 - 5) Deliver remainder of baby
 - 6) Clamp and cut umbilical cord
 - 7) If multiple births, return to step 2 and repeat
 - 8) Deliver placenta
 - b. Limb presentation
 - 1) Place mother in left lateral recumbent position
 - c. Breech presentation
 - 1) Deliver body, supporting baby's weight
 - d. Cord presentation
 - 1) Position mother on elbows and knees, with hips elevated
 - 2) Wrap cord and keep it moist
 - 3) Insert gloved hand to lift baby off the cord
 - 4) Obtain and document cord pulse

ILS:

- 4. Attempt Vascular Access.
- 5. If vital signs and patient's condition indicate hypoperfusion, administer initial fluid challenge of 500 ml NS. If patient's condition does not improve, administer additional challenges as needed, not to exceed 2,000 ml.

ALS:

- 6. If patient is pregnant and seizing, assume eclampsia and administer Magnesium Sulfate 4 gm in 50 cc NS over 20 minutes.
- 7. If patient is refractory to Magnesium Sulfate, administer Midazolam (Versed)
 0.1 mg/kg IN/IM/IV. Allow at least 5 minutes before repeating dose to fully evaluate sedative effect.
- 8. If patient is pregnant and manifesting symptoms of **pre-eclampsia** (significant hypertension, generalized edema, headache, photophobia), administer <u>Magnesium Sulfate</u> 2 gm in 50 cc NS over 10 minutes.
- 9. Continue **General Patient Care**.
- 10. Patient should be transported to the most appropriate facility based on the patient's condition and provider's judgement.

| Hospital | L&D | Level I Nursery | Level II NICU | Level III NICU |
|-------------------------------------|-----|--------------------|------------------|-------------------|
| Boulder City | Lab | runcery | 14100 | 14100 |
| Centennial | Х | | Х | |
| Desert Springs | | | | |
| Mesa View | X | X | | |
| Mike O'Callahan Federal Hospital | X | X | | |
| MountainView | Х | | Х | |
| North Vista | | | | |
| Southern Hills | X | | X | |
| Spring Valley | X | | | X |
| St Rose- DeLima | | | | |
| St Rose-San Martin | X | | X | |
| St Rose-Siena | X | | | X |
| Summerlin | X | | | X |
| Sunrise | X | | _ | X |
| UMC | X | | | X |
| Valley | X | | | X |