

OB-GYN Emergencies

History

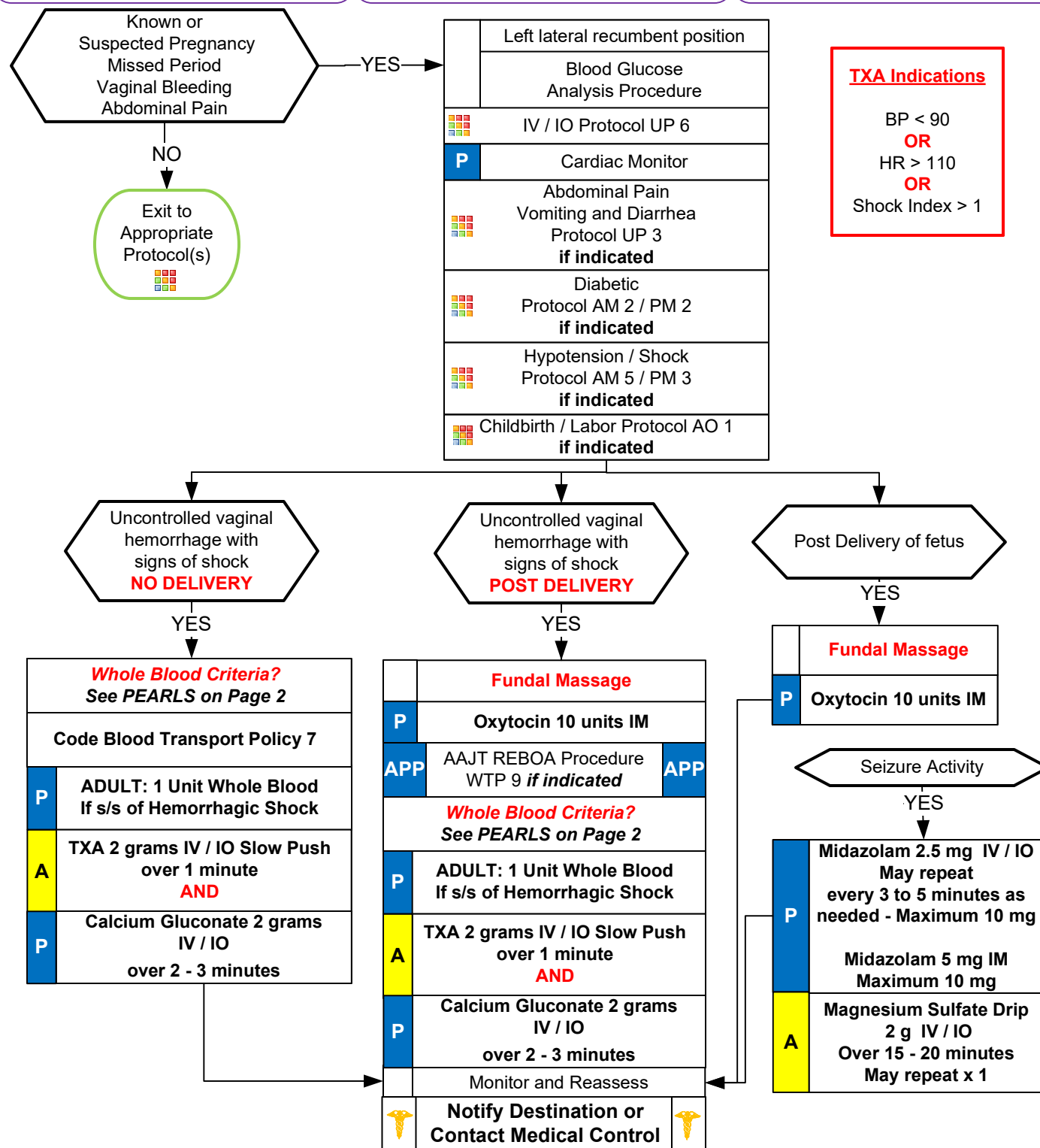
- Past medical history
- Hypertension meds
- Prenatal care
- Prior pregnancies / births
- Gravida / Para

Signs and Symptoms

- Vaginal bleeding
- Abdominal pain
- Seizures
- Hypertension
- Severe headache
- Visual changes
- Edema of hands and face

Differential

- Pre-eclampsia / Eclampsia
- Placenta previa
- Placenta abruptio
- Spontaneous abortion



OB-GYN Emergencies

Whole Blood Criteria

- BP < 70
OR
- BP < 90 with HR > 110
OR
- Witnessed traumatic arrest < 10 min prior to provider arrival and continuous CPR throughout downtime
OR
- Age > 65 and SBP < 100 **AND** HR > 100 beats per minute
OR
- Shock Index Criteria > 1
OR
- Paramedic discretion
- Shock Index (SI) is a bedside assessment defined as heart rate (HR) divided by systolic blood pressure (SBP)
$$SI = HR/SBP$$

Monitor for TACO/transfusion reaction/symptoms. If reaction occurs, go to Allergic Reaction/Anaphylaxis Protocol AM 1 or PM 1.

Pearls

- **Recommended Exam: Mental Status, abdomen, heart, lungs, neuro.**
- **Midazolam 5 – 10 mg IM is effective in termination of seizures. Do not delay IM administration with difficult or no IV or IO access. With active seizure activity, benzodiazepine is a priority over magnesium sulfate.**
- **Magnesium Sulfate should be administered as quickly as possible. May cause hypotension and decreased respiratory drive, but more likely in doses higher than 6 gm.**
- **Any pregnant patient involved in a MVC should be seen immediately by a physician for evaluation. Greater than 20 weeks generally require 4 to 6 hours of fetal monitoring. DO NOT suggest the patient needs an ultrasound but emphasize patient needs 4 to 6 hours of fetal monitoring.**
- **Oxytocin:**
Do not administer until all fetus(es) are delivered.
- **Tranexamic Acid (TXA):**
Postpartum hemorrhage: Should NOT be administered where birth occurred > 3 hours prior to EMS arrival.
Vaginal hemorrhage (not associated with pregnancy): May give with uncontrolled hemorrhage and/ or signs of shock.
- **Ectopic pregnancy:**
Implantation of fertilized egg outside the uterus, commonly in or on the fallopian tube. As fetus grows, rupture may occur. Vaginal bleeding may or may not be present. Many women with ectopic pregnancy do not know they are pregnant. Usually occurs within 5 to 10 weeks of implantation. Maintain high index of suspicion with women of childbearing age experiencing abdominal pain.
- **Preeclampsia:**
Occurs in about 6% of pregnancies. Defined by hypertension and protein in the urine. RUQ pain, epigastric pain, N/V, visual disturbances, headache, and hyperreflexia are common symptoms.
In the setting of pregnancy, hypertension is defined as a BP > 140 systolic or > 90 diastolic mmHg, or a relative increase of 30 systolic and 20 diastolic from the patient's normal (pre-pregnancy) blood pressure.
Risk factors: < 20 years of age, first pregnancy, multi-gestational pregnancy, gestational diabetes, obesity, personal or family history of gestational hypertension.
- **Eclampsia:**
Seizures occurring in the context of preeclampsia. Remember, women may not have been diagnosed with preeclampsia.
- Maintain patient in a left lateral position, right side up 10 - 20° to minimize risk of supine hypotensive syndrome.
- Ask patient to quantify bleeding - number of pads used per hour.