NAPA COUNTY EMS AGENCY

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# OB / GYN


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# Vaginal Hemorrhage without Shock

TREATMENT GUIDELINE 9401

## 9401.1 DEFINITION

Vaginal Hemorrhage without Shock: Abnormal (non-menstrual) vaginal bleeding, between menses, during pregnancy, post-partum or post-operative; any bleeding in third trimester.

## 9401.2 TREATMENT – NON-PREGNANT PATIENT

A. IV NS TKO.

B. If post-partum and placenta has delivered, fundal massage and put infant to breast if appropriate.

## 9401.3 TREATMENT – PREGNANT PATIENT

A. Position in left lateral position.

B. If any bleeding in third trimester, two (2) large bore IV NS TKO.

# Vaginal Hemorrhage with Shock

TREATMENT GUIDELINE 9402

## 9402.1 DEFINITION

Vaginal Hemorrhage with Shock: Profuse vaginal bleeding, signs of shock.

## 9402.2 TREATMENT – NON-PREGNANT PATIENT:

A. Rapid transport.

B. Large bore IV NS fluid challenge, 10ml/kg. Recheck vital signs every 250ml.

C. Consider second large bore IV NS.

D. If post-partum and placenta delivered:

   1. Fundal massage and put of infant to breast if appropriate.

## 9402.3 TREATMENT – PREGNANT PATIENT:

A. Rapid transport.

B. Position in left lateral position if concern for spinal injury is not present. If concern is present, keep in spinal precaution and rotate back board 30° to the left or manually attempt movement of uterus towards left side with gentle traction.

C. Large bore IV NS fluid challenge, 10ml/kg. Recheck vital signs every 250ml.

D. Consider second large bore IV NS. If any bleeding in third trimester, insert second IV.

# Severe Pre-Eclampsia / Eclampsia

TREATMENT GUIDELINE 9403

## 9403.1 INDICATION

Third trimester pregnancy with hypertension (BP systolic > 160, diastolic > 110), mental status changes, visual disturbances, peripheral edema (pre-eclampsia), seizures and/or coma (eclampsia).

## 9403.2 TREATMENT

A. Position on left lateral position.

B. IV NS TKO started en-route.

C. If patient manifests seizure activity:

   Midazolam (Versed).

   1. IV/IO: 2 mg, May repeat twice, q 5 minutes, to a MAX total dose of 6mg; or
   2. IM/IN: 5 mg. May repeat once in 15 minutes.
   3. Contact base hospital if seizures continue after total midazolam dosing.

D. Contact base hospital.

   1. **PHYSICIAN ORDER ONLY**: NTG 0.4mg SL, may repeat in ten (10) minutes. Hold if diastolic BP < 110.

# Imminent Delivery

TREATMENT GUIDELINE 9404

## 9404.1 DEFINTIONS

Breech Presentation: Presentation of buttocks or both feet.

Limb Presentation: Presentation of single extremity.

Prolapsed Cord: The umbilical cord drops through the open cervix into the vagina, ahead of the baby.

## 9404.2 INDICATIONS

Regular contractions, bloody show, low back pain, feels like bearing down, crowning.

**REMINDER** - Determine gestational age and Para-Gravida.

## 9404.3 TREATMENT

A. IV NS TKO as time allows.

B. As head is delivered, gently suction infant's mouth and nose keeping the head dependent. If cord is around neck and can't be slipped over the head, double clamp and cut between clamps.

C. Allow delivery, dry infant and keep warm, placing infant on mother's abdomen or breast.

D. Allow cord to stop pulsating and then clamp the cord in two (2) places, approximately three to four (3-4) inches away from the infant. If clinically indicated, carefully cut the cord between the two (2) clamps.

E. Assess infant for heart rate, respirations, and color, APGAR if possible at one (1) and five (5) minutes, refer to APGAR Scoring Guideline # 9405 and Newborn Resuscitation Guideline # 9705.

F. Allow delivery of placenta – (save and bring to the hospital with mother and infant).

G. If infant is premature (< 36 weeks gestation), prepare for neonatal resuscitation and early transport.

## 9404.4 COMPLICATIONS

### BREECH PRESENTATION

A. High flow oxygen.

B. Begin rapid transport with early base contact.

C. Allow delivery to proceed passively until the infant’s waist appears. Gently rotate the infant to a face down position and continue with the delivery.

D. If head does not readily deliver insert a gloved hand into the vagina to relieve pressure on the cord and create an air passage for the infant. Monitor vital signs and infant condition frequently.

E. IV NS TKO if can be accomplish without delaying transport.

### LIMB PRESENTATION

A. High flow oxygen.

B. Begin rapid transport with early base contact.

C. Place the mother in a head-down tilt left lateral position, and apply upward pressure against the presenting part to lift the fetus away from the umbilical cord if applicable or place the mother in the knee-chest position (patient facing the bed, chest level to bed, knees tucked under chest, pelvis and buttocks elevated).

D. IV NS TKO if can be accomplish without delaying transport.

**PROLAPSED CORD**

A. High flow oxygen therapy.

B. Begin rapid transport with early base contact.

C. Place the mother in trendelenberg (knee-chest position) or patient facing the bed, chest level to bed, knees tucked under chest, pelvis and buttocks elevated.

D. Insert a gloved hand into the vagina and gently push the presenting part (e.g. the fetus's head or shoulder off the cord. Do not tug on the cord.

E. Advise mother not to push.

F. IV NS TKO if can be accomplished without delaying transport.

# APGAR Scoring

TREATMENT GUIDELINE 9405

Check APGAR score at one (1) minute, five (5) minutes and q five (5) minutes thereafter.

**9405.1 APGAR 7-10**

A. Suction with bulb syringe.

B. Keep dry and warm (skin to skin with mother and blanket).

C. $O_2$ delivery (even in blow-by form) is not clinically indicated and should be avoided.

**9405.2 APGAR 4-6**

A. Suction with bulb syringe.

B. Ventilate forty to sixty (40-60) breaths / min with 100% oxygen.

C. Monitor (begin cardiac compressions if heart rate not increasing after fifteen to thirty [15-30] seconds of assisted ventilations).

D. Keep warm and dry.

**9405.3 APGAR 0-3**

A. Suction with bulb syringe.

B. Support ventilation forty to sixty (40-60) breaths / min with 100% oxygen, bag and mask, intubate if bagging inadequate.

C. Monitor; if heart rate < 80 / min and not increasing with assisted ventilation after fifteen to thirty (15-30) seconds, begin cardiac compression.

D. Keep warm and dry.

**9405.4 APGAR SCORING CHART**

| | 0 | 1 | 2 |
|---|---|---|---|
| **A**ppearance | Blue-Pale | Body Pink<br>Limbs Blue | Pink all over |
| **P**ulse | 0 | <100 | >100 |
| **G**rimace | No response | Grimace | Cough, cry, sneeze |
| **A**ctivity | Flaccid | Some flexion | Active movement |
| **R**espiratory effort | Absent | Slow, irregular | Strongly crying |