#: SO-O-15
Page: 1 of 1
Date: 8/96
Revised: 4/2012

## **STANDING ORDERS:**

- 1. Place in Left-lateral position if second or third trimester.
- 2. Obtain pulse oximetry; if oxygen saturation less than 95%, administer:
  - ► High flow oxygen by mask as tolerated.
- 3. If signs of or suspected hypovolemia:
  - ► Establish IV access
  - ▶ infuse 250 mL Normal Saline fluid, continue Normal Saline as a wide open infusion to attain or maintain perfusion.
- 4. If fetal tissue is passed in field; take tissue in a container with patient to PRC. The identification of passed fetal tissue is important in determining the degree of a miscarriage and the further management of the case.
- 5. ALS escort to appropriate PRC based on estimated pregnancy trimester:
  - First trimester bleeding to nearest PRC.
  - Second and third trimester bleeding to nearest PRC with OB capability.

## **GUIDELINES:**

## FIRST /SECOND TRIMESTER BLEEDING:

- Evaluate for quantity of bleeding, presence of tissue, fever.
  - → Patient needs urgent evaluation. May be emergent depending on quantity of bleeding or associated abdominal pain, fever.
  - → Rupture of ectopic pregnancy may present with symptoms/signs of pregnancy, irregular menses or bleeding; abdominal pain; possible signs of hypovolemia.
  - → Pain in the shoulder region during bleeding in early pregnancy may be referred pain of ectopic pregnancy.

## THIRD TRIMESTER BLEEDING:

- Causes are serious and can lead to severe hemorrhage and loss of viable fetus:
  - 1) Placental abruption
  - 2) Placenta previa,
  - 3) Bleeding from effacement, inflammation, or trauma.