OB/GYN STANDING ORDER

INCLUSION

Use standing order on gravid patients, postpartum patients, or patients with vaginal bleeding.

Initiate Immediate Supportive Care:

BLS Care:

- Vital signs
- FSBG
- Oxygen to maintain sat ≥ 94%
- IV access if permitted

ALS Care:

- Follow BLS Interventions
- Cardiac monitor

OB/GYN SO

Vaginal Bleeding

OB/GYN SO

Eclamptic Seizure

OB/GYN-SO

Post Partum Hemorrhage

OB/GYN SO

Presumed Pregnant with Contractions and/or SROM Standing Order

Contact Medical Direction Authority if unclear clinical presentation
Or patient wishes to refuse and does not meet Refusal Standing Order

Special Note:
Follow High Risk OB Triage Protocol as appropriate

Effective 4-16-2014

VAGINAL BLEEDING STANDING ORDER

INCLUSION

Vaginal bleeding
- Gestational
- Non-traumatic
- Non-gestational

EXCLUSION

- Contractions
- Traumatic vaginal bleeding
- Sexual Assault

ORDERS

BLS/ALS Care:
Stable:
- IV NS/LR at TKO if permitted
- If applicable, place products of conception in container and transport with patient

Unstable:
If SBP ≤ 90 or HR ≥ 110 or estimated blood loss ≥ 250 ml
- NS/LR bolus 20 ml/kg, reassess patient at 500 ml intervals
- Shock position:
  - ≥ 20 weeks: Left lateral
  - <20 weeks or not pregnant: Trendelenburg

If patient condition deteriorates or no improvement-contact medical direction authority

Transport to most appropriate receiving facility
Or per High Risk OB Triage Protocol
Provide appropriate receiving facility notification

Effective 4-16-2014

ECLAMPTIC SEIZURE STANDING ORDER

INCLUSION

- Gestational age 20 weeks or greater
- Postpartum
- New onset seizure

EXCLUSION

- History of seizure disorder, follow Seizure Standing Order

ORDERS

BLS Care:

- Place patient in left lateral recumbent position
- High flow oxygen via NRB
- IV NS/LR at TKO if permitted

ALS Care:

- Follow BLS orders
- Administer Magnesium Sulfate 4-6 gram bolus IV/IO over 10-15 minutes
    - Hold for SBP ≤ 90
    - Monitor for respiratory depression

If patient condition deteriorates or no improvement-contact medical direction authority

Transport to most appropriate receiving facility
Per High Risk OB Triage Protocol
Provide appropriate receiving facility notification

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POST PARTUM HEMORRHAGE STANDING ORDER

INCLUSION

- Postpartum

ORDERS

BLS Care:

- High flow oxygen via NRB
- Two large bore IV if permitted
- NS/LR bolus 20 ml/kg, reassess patient at 500 ml intervals
- Fundal massage

ALS Care:

- Follow BLS care
- Administer Pitocin 20 units in NS/LR 1000 ml wide open (if available)

If patient condition deteriorates or no improvement-contact medical direction authority

Transport to the most appropriate receiving facility
Per High Risk OB Triage Protocol
Provide appropriate receiving facility notification
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PRESUMED PREGNANT WITH CONTRACTIONS AND/OR SROM STANDING ORDER

INCLUSION

- Pregnant
- Signs of labor
- Spontaneous rupture of membranes (SROM)
- Cord presentation
- Limb/breech/shoulder presentation

ORDERS

BLS/ALS Care:

- Measure patient temperature
- Place patient in left lateral recumbent position
- Large bore IV NS/LR if permitted
- Initiate bolus 500 ml-reassess patient. If labor persists after assessment rebolus with 500 ml
- Prepare for possible delivery
- Cord around neck:
  - Loosen cord
  - If too tight- apply two clamps, cutting between clamps
- Prolapsed cord:
  - Transport mother with hips elevated and knees to chest
  - Insert gloved finger to relieve pressure on cord
  - Assess pulsations
  - DO NOT pull on cord
  - Protect exposed cord
- Limb/breech/shoulder presentation:
  - Do not encourage mother to push
  - Support but do not pull presenting parts
  - Insert gloved finger to relieve pressure on cord if needed

If patient condition deteriorates or no improvement-contact medical direction authority

Transport to the most appropriate receiving facility
Per High Risk OB Triage Protocol
Provide appropriate receiving facility notification

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