

Southeast Arizona EMS Region Standing Order Training Module

DATE: June 27, 2006

STANDING ORDER: Vaginal Bleeding

PURPOSE

This SAEMS Standing Order Training Module has been developed to serve as a template for EMS provider training. The intent is to provide consistent and concise information to all providers practicing within the SAEMS Region. The content of the Training Module has been developed by the Protocol Development and Review Committee, and includes the specific Standing Order, resource and reference material, and instructions for completing the Training Module to obtain continuing education credit. One hour of SAEMS continuing education credit may be issued following successful completion of the module.

OBJECTIVES: Upon completion of this learning module the participant will be able to:

1. Discuss the role of medical direction related to the use of Standing Orders.
2. List three benefits of Standing Orders.
3. Outline inclusion and exclusion criteria for this Standing Order.
4. Describe the communication process between the field and the receiving facility when a Standing Order is implemented.
5. List the elements of the dispatch radio relay.
6. List two reasons for direct facility (on-line) contact following implementation of a Standing Order.

INSTRUCTIONS:

1. Read the accompanying information, Standing Order, and any additional reference material as necessary.
2. Complete the attached Posttest by _____, and return with self addressed envelope to:

3. A SAEMS CE Form will be issued to providers scoring greater than ____% on the Posttest.
4. Please contact _____ for questions, suggestions, concerns.

Southeast Arizona EMS Region

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Post Test

(06-27-06)

Name: _____ **Date:** _____

Contact phone number: _____ **Agency:** _____

1. Which of the following signs and symptoms are exclusion criteria for the Vaginal Bleeding Standing Order?
 - a. EDC (Estimated Date of Confinement) in 8 weeks, vaginal bleeding greater than 48 hours.
 - b. Age less than 16, patients with abdominal or perineal trauma, gestational age greater than 20 weeks, mixed symptoms.
 - c. Gravida-6 Para-1 Missed-5, History of eclampsia with seizures, expected vaginal delivery after 2 c-sections.
 - d. 20 year old female with non-traumatic vaginal bleeding.

2. One of the two most common emergency gynecological complaints is:
 - a. Vomiting
 - b. Fever
 - c. Abdominal pain
 - d. Back pain

3. An ectopic pregnancy is a pregnancy in which the:
 - a. Baby is delivered prematurely
 - b. Developing fetus implants outside of the uterus
 - c. Fetus develops in an abnormal position, such as buttocks superior
 - d. Fetus is spontaneously expelled during the first trimester.

4. During your assessment of the victim of a sexual assault, you should:
 - a. Ask specific questions about the assault to report to law enforcement.
 - b. Perform a brief vaginal exam to verify penetration.
 - c. Place bloody articles in separate brown paper bags.
 - d. Allow the patient to clean up before the medical examination.

5. When obtaining the history of any female of child bearing age (9 years to 58 years), the paramedic should always document the patients:
 - a. Last meal eaten
 - b. Allergies
 - c. Medications
 - d. Last menstrual cycle and was it normal
6. Pelvic Inflammatory Disease may be difficult to distinguish from appendicitis in the field.
 - a. True
 - b. False
7. When caring for a pregnant patient who is experiencing vaginal bleeding, you should:
 - a. Gain information about the color, amount, and duration.
 - b. Assess the amount of bleeding by counting the number of sanitary pads used.
 - c. Save any passed clots or tissue for evaluation
 - d. All of the above
8. When caring for a pregnant patient who has experienced a major trauma, remember that:
 - a. The later in the pregnancy, the less the likelihood of injury to the uterus.
 - b. The fetus may be in danger even though the mother is showing no signs or symptoms of shock.
 - c. The primary cause of fetal mortality is direct injury to the fetus, while the mother survives.
 - d. The amniotic fluid provides little protection to the fetus from blunt trauma.
9. Sharp, tearing pain and stiff, board like abdomen without vaginal bleeding in a pregnant patient may indicate:
 - a. A central abruption of the placenta
 - b. Placenta previa
 - c. An ectopic pregnancy
 - d. Spontaneous abortion
10. Vaginal Bleeding Standing Orders include:
 - a. O2 to keep sat > 90%, Cardiac Monitor
 - b. Initiate a large bore IV Normal Saline
 - c. Patient assessment to include gravida and para, and estimated amount of vaginal bleeding in cc or pad count.
 - d. Place any products of conception in a container and transport with the patient to the hospital
 - e. All of the above