

# OBSTETRIC EMERGENCIES STANDING ORDER

## Initiate Immediate Supportive Care:

- Oxygen to maintain O2 sat  $\geq$  94%
- Vital signs including FSBG
- Consider cardiac monitor
- Consider IV access (If permitted for BLS providers)

## INCLUSION

Known/suspected pregnancy (any trimester) or postpartum (<6 weeks)  
Missed period  
Vaginal bleeding  
Abdominal pain  
Contractions/signs of labor

## Seizures

Yes

## ORDERS

### BLS:

- O2 via NRB, escalate airway management as necessary.
- Place in left lateral recumbent position
- Initiate IV access if permitted

### ALS:

- Administer magnesium sulfate 5 g in 100 mL NS IVPB over 15 minutes.
- For seizure lasting > 5 minutes follow [Seizure SO](#).

No

## ORDERS

### BLS:

- If shock or signs of orthostasis, place in left lateral recumbent.
- Initiate IV access if permitted
- Administer **20 mL/kg NS/LR fluid bolus** as needed

### ALS:

- For postpartum hemorrhage perform fundal massage, and may administer **Pitocin (if available) 20 units in NS/LR 1,000 mL wide open**.
- For severe hypertension (SBP >160) in pregnancy (>20 wks up to 4 wks postpartum) lasting longer than 15 minutes, WITH signs of severe preeclampsia (blurred vision, headache, mental confusion, RUQ pain), administer **magnesium sulfate 5 g in 100 mL NS IVPB over 20 minutes**.

- Monitor and reassess VS every 10 minutes

Transport to most appropriate receiving center per [SAEMS High Risk OBGYN Triage Protocol](#)