



# OB Emergencies

## Adult Medical

**Austin County**  
EMS Protocol & Guideline

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**Overview:** Patients presenting with OB emergencies can be very emotional. Remaining calm and objective will help ensure good evaluation and treatment selection. Ensuring the patient's emotional needs are met is usually as important as treating signs & symptoms. The priority is to support the mother's ABC's as that directly supports the fetus viability.

**Definition:** Any patient presenting with a complaint and/or injury directly associated with the gestational pregnancy.

### EMT

- Airway/Oxygen appropriate for condition
- Transport patients greater than 20 weeks gestation on their left side **\*\*\*\* Refer to Charts Below for Specific OB Emergencies\*\*\*\***

### AEMT

- Establish IV of Normal Saline

### Paramedic

#### Pre Eclampsia

- If gestation is 20 weeks or greater, associated with a systolic BP of greater than 140 mmHg and/or diastolic greater than 90 mmHg **AND** associated with one or more of the following:
- Peripheral Edema
- Nausea/Vomiting
- Headache
- Administer 4g **Magnesium Sulfate** over 10 minutes. (4g in 100 NS bag and drip over 10-15 minutes)
- Hypertension associated with pregnancy, Labetalol 10 mg IVP. May repeat one time in 15 minutes if needed.

#### Eclampsia

- Suspected when patient is experiencing active, sustained tonic-clonic seizure activity.
- **Magnesium Sulfate** 4g IVP. If seizure activity ceases infuse a maintenance **Magnesium Sulfate** drip – 4g in 100 NS over 20 mins

#### SPONTANEOUS ABORTION:

- If hypovolemic state, follow hypovolemia protocol
- If presentation of tissue, retain for hospital evaluation
- Provide Emotional support to the patient

#### BREECH PRESENTATION

- Immediate transport and notification of hospital
- If delivery of the body alone occurs, support the presenting part; place a gloved hand in the vagina, and form a "V" around the mouth & nose to maintain the airway

#### PROLAPSED UMBILICAL CORD

- Discourage pushing by mother
- Position mother in Trendelenburg or supine with hips elevated
- Place gloved hand in mother's vagina and elevate the presenting fetal part off of cord until relieved by physician
- Feel for cord pulsations
- Keep exposed cord moist and warm

#### SUPINE HYPOTENSIVE CRISIS: (systolic blood pressure < 100 mmHg)

- Place patient on left side (Right side is appropriate when left is not).
- **Normal Saline** up to 20 ml/kg to maintain perfusion
- Calm and reassure patient.

#### POST-PARTUM HEMORRHAGE:

- Immediate transport and notification of hospital
- Continue to massage uterine fundus
- Place trauma dressing gently against the vagina.
- Monitor volume of blood loss.
- Monitor for shock

#### PLACENTA PREVIA/ABRUPTIO PLACENTA/UTERINE RUPTURE

- Immediate transport and notification of hospital
- If hypovolemic state, follow hypovolemia protocol
- Rapid transport

#### LIMB PRESENTATION

- Immediate transport and notification of hospital
- Place patient in left uterine displacement position