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PROTOCOL #12

PROTOCOL #12 – Testing and Triage, University of New Mexico

Vaginal Bleeding

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History and Evaluation of Patient

□ Abdominal Exam. Palpate for contractions

□ Pelvic examination taking note of how much blood is present in the vagina, if cervix is opened and consistency of blood (i.e. dark red fresh blood or brown old blood). **DO NOT CHECK CERVIX UNTIL PREVIA IS RULED OUT**.

□ Fetal heart rate tracing for signs of distress (late decelerations or bradycardia as in an abruption). Also monitor toco for contractions. Any signs of distress notify attending immediately.

□ Abdominal Ultrasound for biometrics of fetus and placental location.
If placenta appears low near the cervix on abdominal ultrasound, patient may need vaginal ultrasound to rule out previa.

□ If no previa, then check cervix.

□ Ask about recent intercourse

□ **Laboratory Assessment**

□ CBC with diff, paying close attention to HCT
□ PT, PTT, KB, fibrinogen (Discuss with attending to see if appropriate to order for patient).

□ **Non- admission: OK to discharge if all of the following present:**

-If bleeding resolves **OR** if bleeding appears to be old blood **OR** if source of bleeding is identified (ie cervical lesion or tear that is stable).
-HCT and other labs with in normal limits
-Vitals stable
-No fetal distress
-No evidence of PTL

□ Check patient out to attending
□ Make sure patient has follow-up visit.

□ **Admission: Admit to L&D for**

-Any bleeding not resolved
- Abnormal HCT or other labs
- Signs Symptoms of PTL
-**ANY** Fetal or Maternal Distress

□ Discuss with attending
□ Admit to L& D until bleeding, patient and fetus stable
□ Start IVF
□ May need to consider tocolysis (Magnesium or Nifedipine) if patient contracting and preterm, especially if cervical change noted, to allow steroid treatment.
** Would avoid terbutaline due to tachycardia which could mask hypotension or maternal signs of blood loss such as due to an abruption or previa event.

□Check HCT every 6hours until stable