4.07 TRAUMA IN THE OBSTETRIC PATIENT

BLS – FAQ Link

Assess **Vital Signs**, ABC's and responsiveness, **Oxygen** PRN

Refer to protocol **4.01 General Trauma Assessment** for adult/pediatric trauma protocols with the following additional considerations:

Gestational age?

- **≤ 20 weeks** → Transport to any receiving hospital
- **≥ 20 weeks** → **Meets trauma triage criteria?**
  - NO → Transport to Obstetric Specialty Care Facility.
  - YES → Transport to Trauma Center

    Transport patient in left tilt positioning or with manual uterine displacement during transport.

    If **Spinal Motion Restriction**, tilt board to left and pack under board.

ALS

Transport to any receiving hospital

IV/IO of **Normal Saline** TKO. Assess for signs of shock.

SBP < 90?

Normal Saline
500mL bolus IV/IO for SBP <90.
🔁 Reassess and repeat if indicated.

SBP > 90?

Pain?

Fentanyl
50 mcg IV/IO slow IV push (over 1 minute).

🔁 May be repeated every 5 minutes if SBP > 90mmHg. Maximum dose of 200 mcg total.

--or--

100 mcg IN or IM (IN preferred).

🔁 May be repeated every 10 minutes if SBP > 90mmHg. Maximum dose of 200 mcg total.

Ketorolac, Ibuprofen, and Ketamine are **contraindicated** in pregnancy/labor.

Comments

- If concern for vaginal bleeding, direct pressure should be offered, and if appropriate.
- If patient prefers and is able, allow patient to apply direct pressure
- Pelvic binding and stabilization can be used in obstetric trauma patients if indicated, place under gravid abdomen.
- With fentanyl use, there is a risk of fetal respiratory depression in fetus if birth is imminent (crowning).

⚠ Report any incident of suspected domestic violence to emergency department staff

Effective: 10/01/24
Supersedes: NEW

4.07 Trauma in the Obstetric Patient

BLS Treatment
Refer to protocol **4.01 General Trauma Evaluation and Overview** for adult/pediatric trauma protocols with the following additional considerations: If less than or equal to 20 weeks gestational age: • Transport to any receiving hospital If greater than 20 weeks gestational age and does not meet trauma triage-criteria. • Transport to Obstetric Specialty Care Facility If greater than 20 weeks gestational age AND meets trauma triage criteria • Transport to Trauma Center • **Oxygen** • Transport patient in left tilt positioning or with manual uterine displacement during transport. If **Spinal Motion Restriction**, tilt spine board to left and pack under board. • If concern for vaginal bleeding, direct pressure should be offered, if appropriate. If patient prefers and is able, allow patient to apply direct pressure
ALS Treatment
• IV / IO of **Normal Saline** TKO. • Assess for signs of shock, if SBP < 90, **Normal Saline** fluid bolus. Pain control • **Fentanyl** can be used for pain control in this population. • **Ketorolac, Ibuprofen, and Ketamine** are contraindicated in pregnancy/labor
Comments
• Pelvic binding and stabilization can be used in obstetric trauma patients if indicated, place under gravid abdomen. • With fentanyl use, there is a risk of fetal respiratory depression in fetus if birth is imminent (crowning). • Domestic violence is the second leading cause of traumatic injury in obstetric patients and is often under reported.