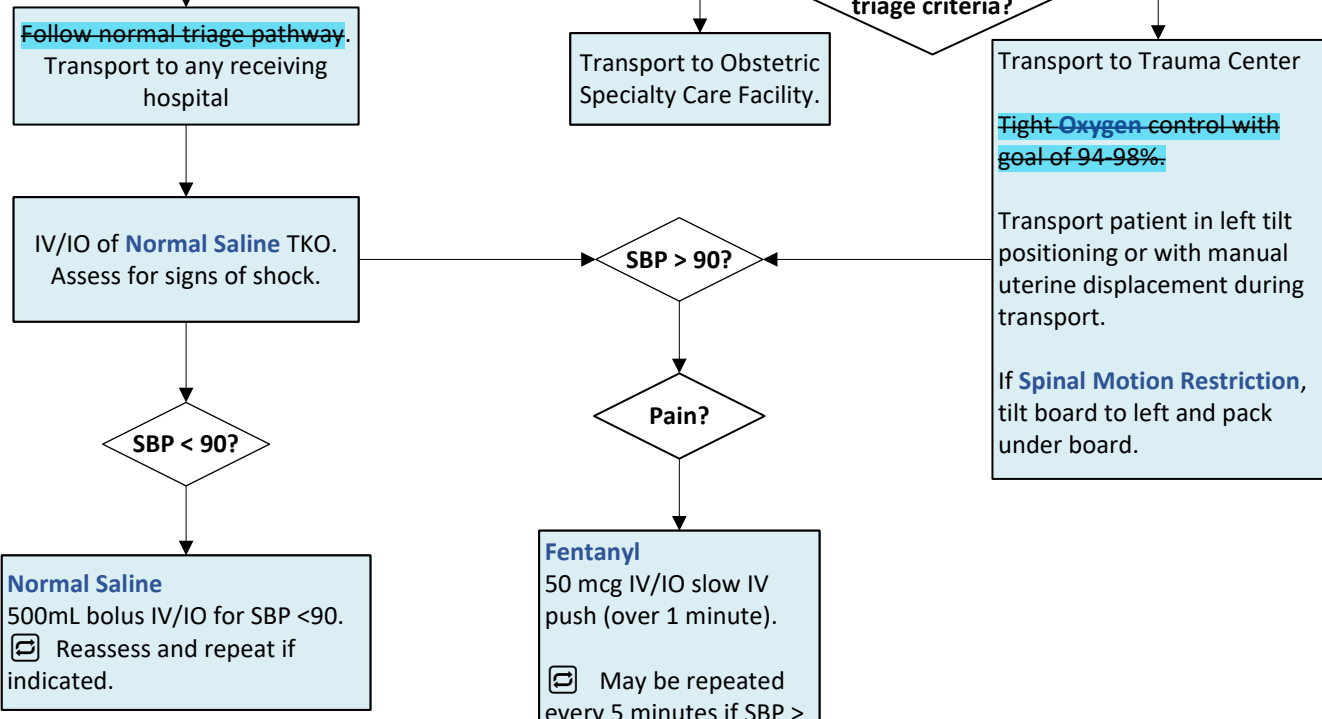


Assess **Vital Signs**, ABC's and responsiveness, **Oxygen** PRN

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



ALS



Comments

- If concern for vaginal bleeding, **external vaginal evaluation should be performed** direct pressure should be offered, and if appropriate.
- If patient prefers and is able, allow patient to apply direct pressure
- Pelvic **binding and stabilization devices** 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.**

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.


Report any incident of suspected domestic violence to emergency department staff

5.02 4.07 Trauma in the Obstetric Patient – EMSAC April 2024

BLS Treatment
<p>Refer to protocol 4.01 General Trauma Evaluation and Overview for adult/pediatric trauma protocols with the following additional considerations:</p> <p>If less than or equal to 20 weeks gestational age:</p> <ul style="list-style-type: none">• Transport to any receiving hospital. Follow normal triage pathway. <p>If greater than 20 weeks gestational age, with otherwise negative and does not meet trauma triage criteria</p> <ul style="list-style-type: none">• Transport to Obstetric Specialty Care Facility <p>If greater than 20 weeks gestational age AND trauma triage positive: meets trauma triage criteria</p> <ul style="list-style-type: none">• Transport to Trauma Center• Tight Oxygen control with goal of 94-98%• 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, and if appropriate. If patient prefers and is able, allow patient to apply direct pressure external vaginal evaluation should be offered to patient. <p>Pain control</p> <ul style="list-style-type: none">• Fentanyl can be used for pain control in this population.• Ketorolac is contraindicated in pregnancy/labor
ALS Treatment
<ul style="list-style-type: none">• IV / IO of Normal Saline TKO.• Assess for signs of shock, if SBP < 90, Normal Saline fluid bolus. <p>Pain control</p> <ul style="list-style-type: none">• Fentanyl can be used for pain control in this population.• Ketorolac, Ibuprofen, and Ketamine are contraindicated in pregnancy/labor
Comments
<ul style="list-style-type: none">• Pelvic binding and stabilization devices 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.