

o-2 VAGINAL HEMORRHAGE WITHOUT SHOCK

PRIORITIES:

- ABCs
- Identify signs of shock
- Determine stage (trimester) of pregnancy (if pregnant)
- Determine the degree of physiologic distress, estimate amount of blood loss
- Assure an advanced life support response

Vaginal Bleeding Not in Shock

Abnormal (non-menstrual) vaginal bleeding, between menses, during pregnancy, post partum or post operative.

1. Ensure a patent airway (suction as necessary)
2. Be prepared to support ventilation with appropriate airway adjuncts
3. OXYGEN THERAPY – Begin oxygen at 6 liters/ minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respirations as needed. **DO NOT** withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD.
4. If post-partum, perform gentle fundal massage, put baby to breast;
5. Monitor vital signs frequently;
6. Assist advanced life support personnel with patient packaging and movement to ambulance.

Spontaneous Abortion

1. Ensure a patent airway (suction as necessary)
2. Be prepared to support ventilation with appropriate airway adjuncts
3. OXYGEN THERAPY – Begin oxygen at 6 liters/ minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respirations as needed. **DO NOT** withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD.
4. Place a sanitary napkin over vaginal opening. Do not pack vagina;
5. Monitor vital signs frequently;
6. Assist advanced life support personnel with patient packaging and movement to ambulance.
7. Bring products of conception with patient if available.