

Early pregnancy bleeding management tool

Version 58

Start this form from initial assessment if patient arrived by ambulance or did not fit walk-in VAC criteria for GAU telephone assessment

Do not use if pregnancy >16 weeks

Disclaimer: This is a clinical template; clinicians should always use judgment when managing individual patients

Approved by ED guidelines committee on 26Jul23
Review due Jul26 . Trust Ref: CI 87/2016

Patient details

Full name

DoB

Unit number

(use sticker if available)

① Significant symptoms?

Yes, as at least one of the below

- Heavy PV bleed (either with clots or using multiple pads in a day)
- Pelvic or abdominal pain **AND** tenderness
- Pain unrelieved by simple analgesia
- Shoulder tip pain
- Fainting / dizziness

No, as none of the above

② Has patient had US scan?

Yes

Date

Result

(NB: see ICE if scan done in EPAU, gynae OPD or imaging department)

Viable intrauterine pregnancy?

Yes - age weeks No

Adnexal mass?

Right Left No

Free fluid in pelvis?

Yes No

No

③ Ectopic pregnancy risk?

Yes, as at least one of the below

- Previous ectopic pregnancy
- Conceived on any contraception
- History of PID
- Previous pelvic / tubal surgery including sterilisation
- Long time to conception including assisted conception

No, as none of the above

④ EPAU follow-up details

Date

Time

⑤ Discharge bundle

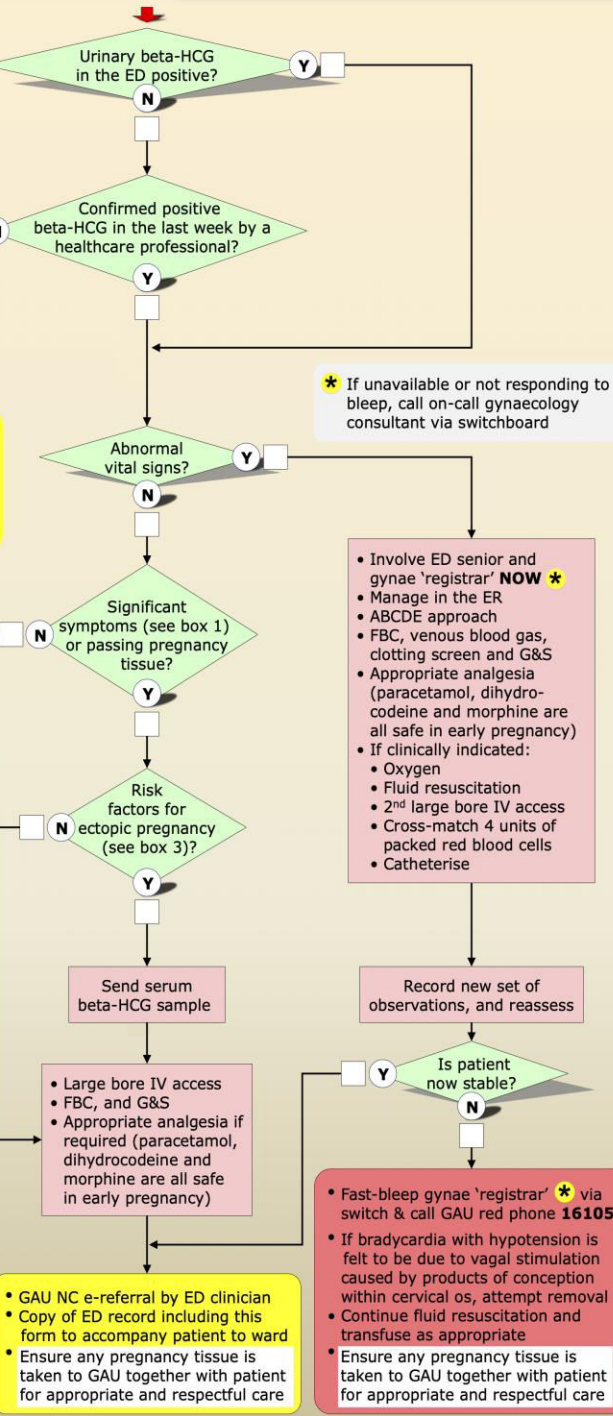
- Mark ED record 'EPAU' (reception will forward to correct clinic)
- Print off patient information
- [Early Pregnancy Bleeding](#) and add appointment details
- Advise patient to contact GAU if pain / bleeding increase
- Inform patient that it is safe to take paracetamol and codeine

NEVER discard pregnancy tissue (products of conception passed in ED or brought in by the patient):
Ensure tissue is taken to GAU together with the patient for appropriate and respectful care

* If unavailable or not responding to bleed, call on-call gynaecology consultant via switchboard

- Involve ED senior and gynae 'registrar' **NOW** *
- Manage in the ER
- ABCDE approach
- FBC, venous blood gas, clotting screen and G&S
- Appropriate analgesia (paracetamol, dihydrocodeine and morphine are all safe in early pregnancy)
- If clinically indicated:
 - Oxygen
 - Fluid resuscitation
 - 2nd large bore IV access
 - Cross-match 4 units of packed red blood cells
 - Catheterise

- Fast-bleep gynae 'registrar' * via switch & call GAU red phone **16105**
- If bradycardia with hypotension is felt to be due to vagal stimulation caused by products of conception within cervical os, attempt removal
- Continue fluid resuscitation and transfuse as appropriate
- Ensure any pregnancy tissue is taken to GAU together with patient for appropriate and respectful care

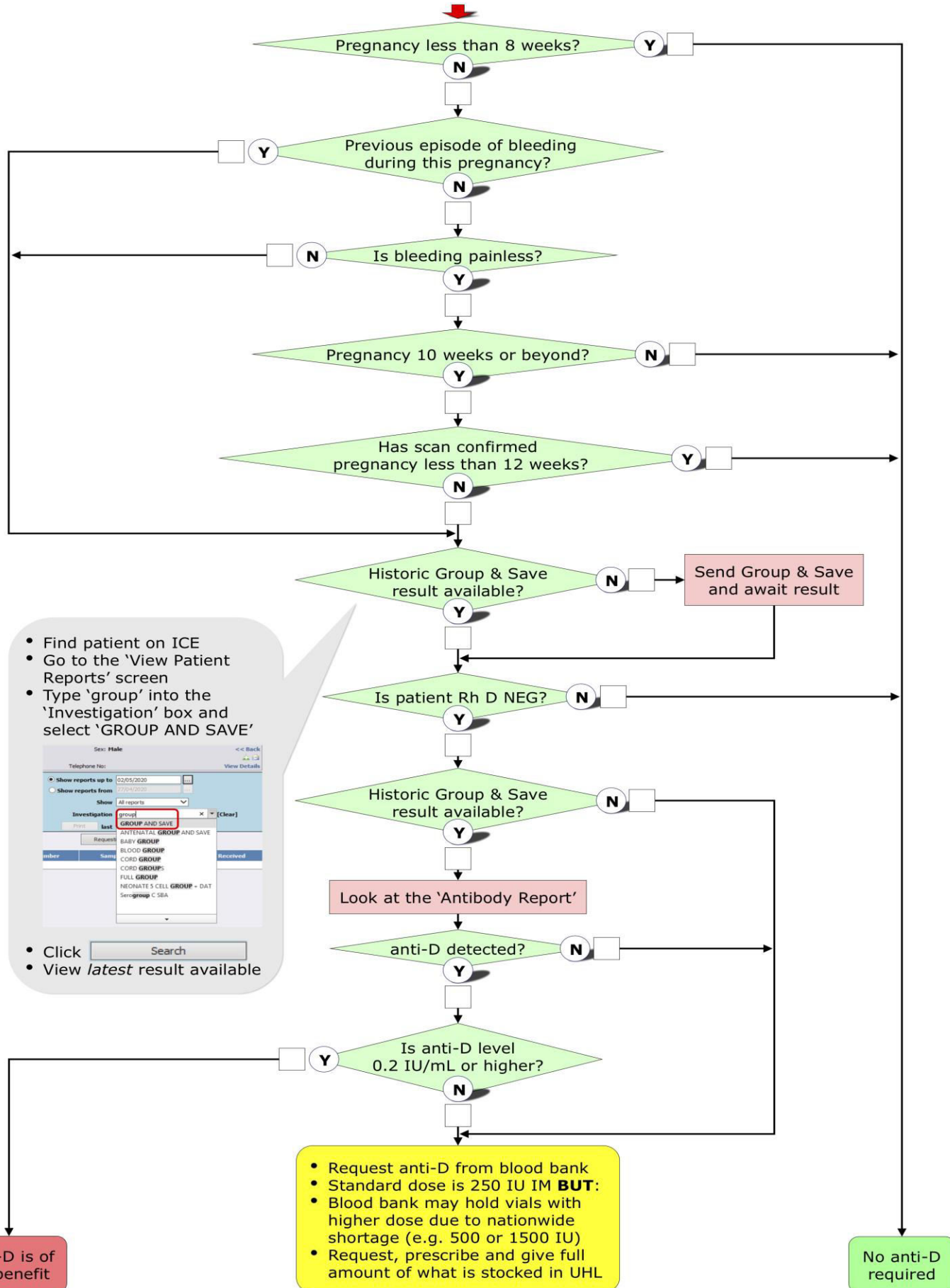


- GAU NC e-referral by ED clinician
- Copy of ED record including this form to accompany patient to ward
- Ensure any pregnancy tissue is taken to GAU together with patient for appropriate and respectful care

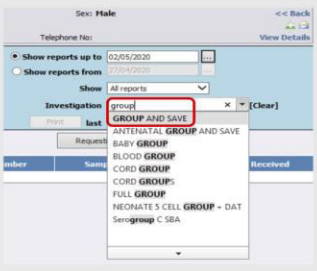
Assessment carried out by

Print name Signature Position Date Time completed

⑥ Needs assessment for anti-D prophylaxis



- Find patient on ICE
- Go to the 'View Patient Reports' screen
- Type 'group' into the 'Investigation' box and select 'GROUP AND SAVE'



- Click Search
- View *latest* result available

Patient managed by

Print name Signature Role