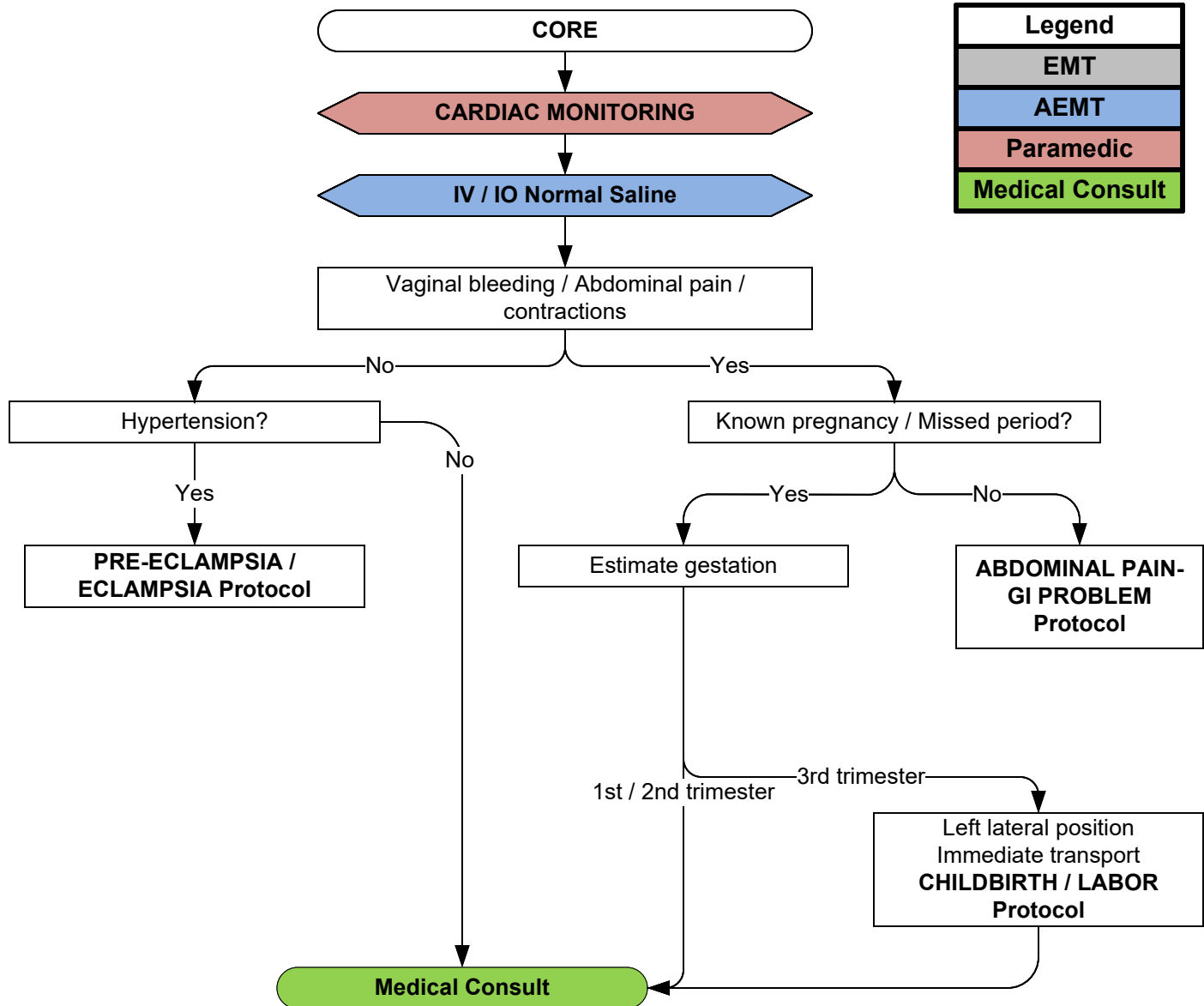


OBSTETRICAL EMERGENCY

History: ○ Hypertension meds/history ○ Prenatal care ○ LMP / Gestational age ○ Previous complicated pregnancies ○ Gravida / Para ○ SAMPLE ○ MVC with seatbelt use/air bag deployment	Signs and Symptoms: ○ Vaginal bleeding / discharge /mucous plug/ruptured membranes ○ Abdominal pain ○ Seizures ○ Hypertension ○ Severe headache ○ Visual changes ○ Edema of hands and face ○ Contractions	Differential: ○ Pre-eclampsia / Eclampsia ○ Placenta previa ○ Placenta abruptio ○ Spontaneous abortion ○ Gestational Diabetes ○ Uterine rupture ○ Trauma
---	---	---



Pearls:

- Magnesium sulfate is the initial drug administered to terminate seizures. Compared with the traditional drugs used to terminate seizures (eg, midazolam, Dilantin), magnesium sulfate has a lower risk of recurrent seizures. Seizures usually terminate after the loading dose of magnesium.
- Severe headache, vision changes, or RUQ pain may indicate pre-eclampsia.
- In the setting of pregnancy, hypertension is defined as a BP greater than 160 systolic or greater than 110 diastolic, or a relative increase of 30 systolic and 20 diastolic from the patient's normal (pre-pregnancy) blood pressure.
- Maintain patient in a left lateral or semi-fowler position to minimize risk of supine hypotensive syndrome.
- Ask patient to quantify bleeding - number of pads used per hour.
- Any pregnant patient involved in a MVC should be seen immediately by a physician for evaluation and fetal monitoring.