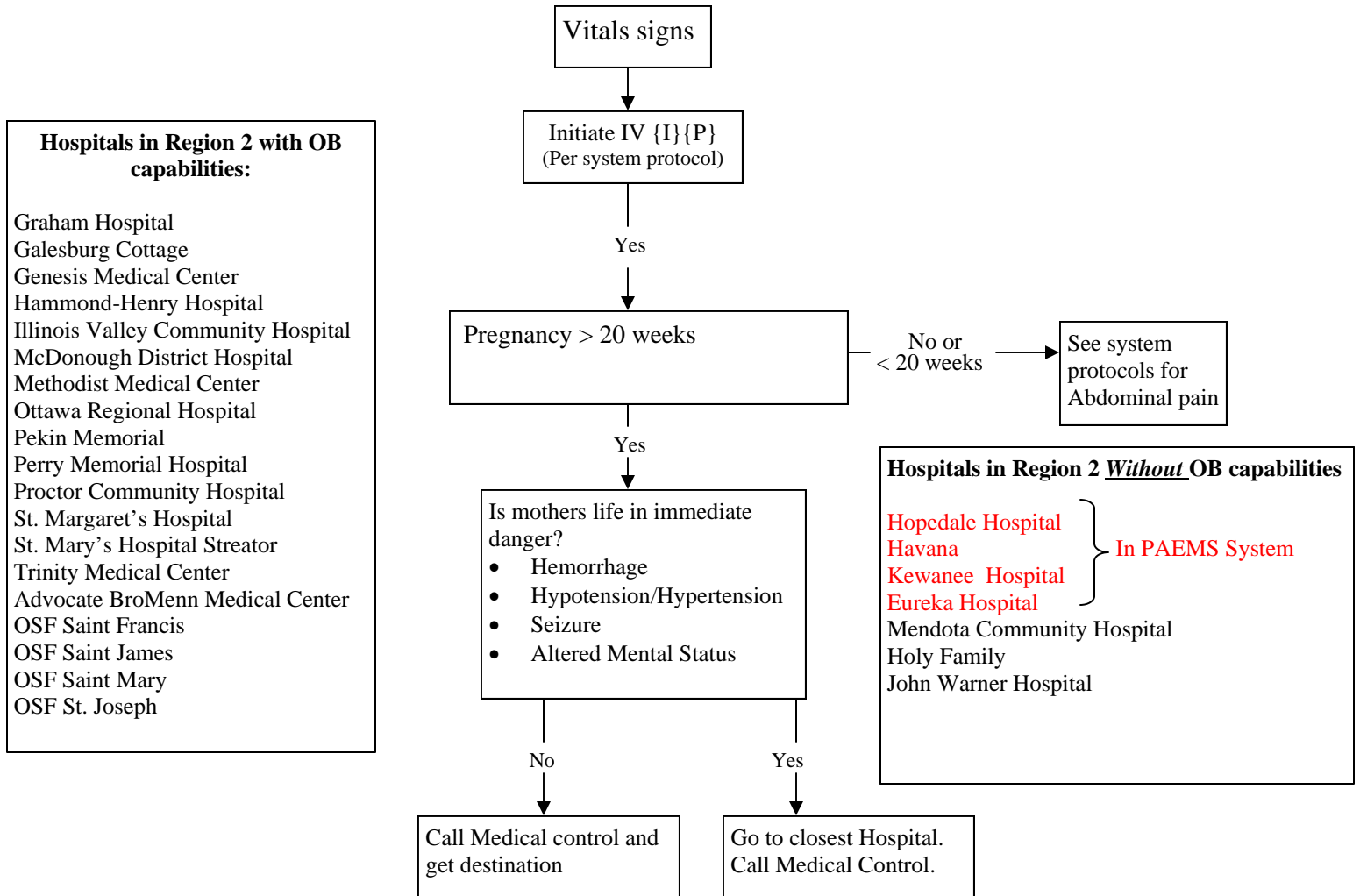


# Obstetrical Emergency Protocol.

<b>History:</b> <ul style="list-style-type: none"> <li>• Past medical history</li> <li>• Hypertension Meds</li> <li>• Prenatal care</li> <li>• Gravida/Para</li> </ul>	<b>Signs and symptoms:</b> <ul style="list-style-type: none"> <li>• Vaginal bleeding</li> <li>• Abdominal pain</li> <li>• Seizures</li> <li>• Hypertension</li> <li>• Severe Headache</li> <li>• Visual changes</li> </ul>	<b>Differential:</b> <ul style="list-style-type: none"> <li>• Pre-Eclampsia/Eclampsia</li> <li>• Placenta previa</li> <li>• Placenta abruption</li> <li>• Spontaneous abortion</li> <li>• Trauma</li> </ul>
--	--	---



Things to consider for life of the mother.

- Massive Hemorrhage with Hypotension.
- Trauma with Abdominal/Multi-system injury.
- Cardiac/Resp Arrest.
- Medical Control/receiving hospital calls MedCom (309)655-2811 or 1800-852-7326 MedCom and talk to the MFM on call.

Things to consider for Transport

- Consider calling for intercept, even the same level provider for an extra pair of hands in the event of a delivery. (This should never delay the transport time to the hospital).
- Consider calling LifeFlight for intercept. (Setting up a place to meet in route to the hospital).
- If patient is stable and time does not put the pregnant patient at risk, the patients hospital of preference may be taken into consideration.