

# VAGINAL BLEEDING STANDING ORDER

- Initiate Immediate Supportive Care
- O2 to keep sat >90%
  - Cardiac Monitor

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Use standing order on patients with the following symptoms:

- Presents with non-traumatic vaginal bleeding  
Examples may include but are not limited to ectopic pregnancy, spontaneous abortion, or vaginal bleeding of undetermined source
- Non-pregnant or pregnancy less than 20 weeks

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- Patients with abdominal or perineal trauma
- Gestational age greater than 20 weeks
- Mixed symptoms

## STABLE

SBP >90 or HR <110 or  
Bleeding <1 pad/hr or EBL < 250cc total

- Patient assessment to include gravida and para, and estimated amount of vaginal bleeding in cc or pad count
- Transport in position of comfort with supportive measures as indicated
- Place any products of conception in a container and transport with the patient

If patient's condition deteriorates notify receiving facility of change in status. Consider transport to closest facility

## UNSTABLE

SBP <90 or HR >110 or  
Bleeding >1 pad/hr or EBL > 250cc total

- Follow STABLE patient orders
- Initiate a large bore IV of Normal Saline
- If the patient is pale/diaphoretic, or has a systolic SBP less than 90 or a heart rate greater than 110 administer 20 ml/kg Normal Saline
- Reassess hemodynamic and pulmonary status and rebofus as indicated

MEDS Notification to receiving facility: Advise if patient is *Stable* or *Unstable*