ALS STANDING ORDERS:

1. Place in Left-lateral position if second or third trimester.

2. Pulse oximetry, if room air oxygen saturation less than 95%, administer:
   - High-flow Oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.

3. If signs of, or suspected hypovolemia:
   - Establish IV access
   - Infuse 250 mL Normal Saline fluid, continue Normal Saline as a wide open infusion to attain or maintain perfusion.

4. If fetal tissue is passed in field; take tissue in a container with patient to ERC. The identification of passed fetal tissue is important in determining the degree of a miscarriage and the further management of the case.

5. Contact Base Hospital early to determine destination for ERC with OB capability if needed.

6. ALS escort in left-lateral position, to appropriate ERC based on estimated pregnancy trimester:
   - Vaginal bleeding during the first 19 weeks of pregnancy to nearest ERC.
   - Vaginal bleeding after 20 weeks pregnancy to nearest ERC with OB capability.
TREATMENT GUIDELINES:

1. Bleeding during first 19 weeks of pregnancy:
   
   - Evaluate for presence of tissue.
     
     → Patient needs urgent evaluation. May be emergent depending on quantity of bleeding or associated abdominal pain, complaint of fever.
     
     → Rupture of ectopic pregnancy may present with symptoms/signs of pregnancy, irregular menses or bleeding; abdominal pain; possible signs of hypovolemia.
     
     → Pain in the shoulder region during bleeding in early pregnancy may be referred pain of ectopic pregnancy.