### BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.

2. Viability age is 20 weeks but date of conception is problematic. If dates are unclear, transport of an ERC with OB capability.

### ALS STANDING ORDER

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. 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.

6. Contact Base Hospital early to determine destination for ERC with OB capability if needed.
BASE GUIDELINES

ALS STANDING ORDER

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.

Approved: [Signature]

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