

## PAIN & BLEEDING IN EARLY PREGNANCY

### Pregnancy <16 weeks with controlled PV bleeding, no haemodynamic compromise and confirmed intrauterine pregnancy (IUP)

#### EXCLUSION CRITERIA

ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> <li>Not pregnant</li> <li><b>Ongoing, uncontrolled bleeding</b> with haemodynamic compromise – will need emergent PV exam and clearing of any ostial contents</li> <li><b>Ectopic pregnancy</b> proven on ultrasound</li> <li>Pregnant with proven non pregnancy related pathology</li> </ul>	<ul style="list-style-type: none"> <li>No sonographic documentation of IUP - if stable, might consider SSU admission to await ultrasound</li> <li>Pelvic pain without bleeding</li> <li>Pain and bleeding 16 weeks and older to be referred to MAC</li> </ul>

#### KEY CONSIDERATIONS DURING SSU ADMISSION

<ul style="list-style-type: none"> <li>Analgesia – Paracetamol 1g QID/Oxycodone 5-10 mg TDS (<b>NSAIDs contraindicated in pregnancy</b>)</li> <li>Routine PV examination <u>not</u> indicated unless emergent ostial clearing of products of conception (POC) is required</li> <li>Investigations                             <ul style="list-style-type: none"> <li>Confirm pregnancy with urinary bHCG if no ultrasound documentation</li> <li>Pelvic ultrasound to exclude ectopic as clinically indicated</li> <li>If no specific concern of ectopic pelvic, formal ultrasound can be arranged for next available appointment, including as an outpatient</li> <li>Rhesus blood group – can be reviewed in EPAS if &lt;12 weeks pregnant</li> <li>Quantitative bHCG – for EPAS follow-up</li> <li>FBE if PV bleeding heavy</li> <li>FWT +/- MSU to exclude UTI</li> </ul> </li> </ul>
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#### REFERRAL CRITERIA

#### DISCHARGE CRITERIA

<ul style="list-style-type: none"> <li>Ectopic pregnancy confirmed (Gynaecology)</li> <li>Intractable, colicky pain with no bleeding – consider ovarian torsion (Gynaecology)</li> <li>Threatened/incomplete/missed miscarriage with heavy ongoing bleeding (Gynaecology)</li> <li>Haemodynamic compromise – speculum exam to remove ostial contents and Gynaecology referral</li> </ul>	<ul style="list-style-type: none"> <li>Settled/controlled bleeding</li> <li>No haemodynamic compromise</li> <li>Threatened/incomplete/missed miscarriage, without haemodynamic compromise can be referred to Early Pregnancy Assessment Service (EPAS) clinic</li> </ul>
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#### DISCHARGE REQUIREMENTS

<ul style="list-style-type: none"> <li>Empathic discussions with patient / family regarding possible diagnoses is critical</li> <li>Ensure follow up plan is clear</li> <li>Analgesia advice - prescription as required; and activity advice</li> <li>Re-attendance advice</li> <li>EPAS booking request via ED Communications Clerk, and EPAS information brochure</li> </ul>
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#### NURSE INITIATED DISCHARGE CRITERIA

Medical staff to check: <ul style="list-style-type: none"> <li><input type="checkbox"/> Analgesia requirements met for stay and discharge</li> <li><input type="checkbox"/> All investigations reviewed and results actioned</li> <li><input type="checkbox"/> No haemodynamic compromise</li> <li><input type="checkbox"/> Formal ultrasound showing singleton intrauterine pregnancy with HB &gt; 120</li> <li><input type="checkbox"/> Discharge documentation and patient education completed</li> </ul>	NID: <b>Appropriate/ Not Appropriate</b>  Signature
Outcomes pending (to be filled in by MO):	
Nursing staff to check: <ul style="list-style-type: none"> <li><input type="checkbox"/> All “discharge criteria and requirements” met</li> <li><input type="checkbox"/> Bleeding slowed or controlled</li> <li><input type="checkbox"/> EPAS appointment requested</li> </ul>	NID: <b>Appropriate/ Not Appropriate</b>  Signature