



= YES = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

BLEEDING / PAIN IN EARLY PREGNANCY

Date: _____ Time: _____ Assessment nurse: _____ Sign: _____

INCLUSION CRITERIA

Pregnant < 12w6d / 40

PV bleeding and / or pain

Pregnancy not confirmed → serum β-HCG ASAP

Full bladder needed for USS - push oral fluids

EXCLUSION CRITERIA

Not pregnant

> 13 weeks

Select Treatment Pathway on Whiteboard

Enter actual time started

Data collected for Ministry of Health

STOP! Not suitable for this Best Care Bundle

Select 'BCB removed' Treatment Pathway

Continue usual nursing cares

NURSING ASSESSMENT

History, examination, vitals *Document on nursing assessment record*

Bloods *✓ PV Bleed panel, ✓ β-HCG, ✓ G&H*
(Only send the G&H if unstable, ? ectopic or Rh status unknown)

Administer analgesia *See formulary on page 4*

Push oral fluids *Full bladder needed for USS → Aim 2 full cups water immediately*
IV fluids if NPO / concern about ? ectopic. Clinician decision
Urine analysis not a priority. If MSU required - send after USS

Provide patient information sheet

SFV *MOH requirement. All pregnant patients should be screened*

RED FLAGS All red flags boxes must be populated = YES = NO

HR > 110 bpm HR < 50 bpm Clinical concern

Systolic BP < 90 Heavy bleeding: e.g > 1pad / hr or clots Fever

Collapse Severe abdominal pain / guarding / rebound Known Ectopic

NO RED FLAGS

Continue Best Care Bundle

RED FLAGS PRESENT (ANY) → Senior Dr review ASAP (SMO / Senior Registrar)

Dr Name: _____ Sign: _____

Continue Best Care Bundle. Intervention if any: _____

Exit Care Bundle: Reason: _____

↳ Select 'BCB removed' in TP column, Electronic Whiteboard. This signals the medical staff

BLEEDING/PAIN IN PREGNANCY BEST CARE BUNDLE PATHWAY 7.7.205 A



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BEDSIDE ULTRASOUND AVAILABLE IN ED

To be used in conjunction with clinical findings and good views by clinician competent in performing bedside USS. Trans-vaginal USS preferred if competent clinician available

NO COMMUNITY USS: PREGNANCY OF UNKNOWN LOCATION

↳ Need to rule out ruptured ectopic pregnancy prior to discharge

- Gestational sac **and** yolk sac **OR**
- Gestational sac **and** fetal pole **OR**
- Fetus with + heart beat

- Empty uterus or unclear contents **OR**
- Empty gestational sac **OR**
- Fetus without a clear heart beat

Viable pregnancy

Definite intra-uterine pregnancy seen

Possible non-viable pregnancy

Intra-uterine pregnancy not seen **OR** unclear

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Stable AND <input type="checkbox"/> Pain controlled AND <input type="checkbox"/> No free fluid | <ul style="list-style-type: none"> <input type="checkbox"/> NOT stable OR <input type="checkbox"/> ++ Pain OR <input type="checkbox"/> Free fluid |
|---|--|

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Stable AND <input type="checkbox"/> Pain controlled AND <input type="checkbox"/> No free fluid | <ul style="list-style-type: none"> <input type="checkbox"/> NOT stable OR <input type="checkbox"/> ++ Pain OR <input type="checkbox"/> Pelvic free fluid |
|---|---|

- GP / LMC follow up
 - Community ultrasound
 - Repeat HCG 48 & 96 hrs
- Assisted / IVF patients risk of heterotopic pregnancy - all should be d/w Gynae*

**Admit
Gynae**

- Discuss w Gynae prior to D/C
- GP / LMC follow up
GP/LMC can refer to EPC if indicated
- Community ultrasound
- Repeat HCG at 48 & 96 hrs

? Ruptured ectopic
Admit Gynae

COMMUNITY USS: KNOWN INTRAUTERINE PREGNANCY

- Gestational sac **and** yolk sac **OR**
- Gestational sac **and** fetal pole **OR**
- Fetus with + heart beat

- Empty uterus or unclear contents **OR**
- Empty gestational sac **OR**
- Fetus without a clear heart beat

Viable pregnancy

Definite intra-uterine pregnancy seen

Possible non-viable pregnancy

Intra-uterine pregnancy not seen or unclear

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Stable AND <input type="checkbox"/> Pain controlled | <ul style="list-style-type: none"> <input type="checkbox"/> NOT stable OR <input type="checkbox"/> ++ Pain OR <input type="checkbox"/> Free fluid |
|--|--|

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Stable AND <input type="checkbox"/> Pain controlled AND <input type="checkbox"/> No free fluid | <ul style="list-style-type: none"> <input type="checkbox"/> NOT stable OR <input type="checkbox"/> ++ Pain OR <input type="checkbox"/> Pelvic free fluid |
|---|---|

- GP / LMC follow up
- Community ultrasound
- Repeat HCG 48 & 96 hrs

Admit Gynae
? Heterotopic pregnancy

- D/W Gynae prior to D/C
- Refer EPC E-referral
- Community USS 48-72 hrs
- Repeat HCG 48 & 96 hrs

Admit Gynae

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BEDSIDE ULTRASOUND **NOT AVAILABLE** IN ED

Use this page if no credentialed USS operator is available, or if the views obtained are insufficient

KNOWN INTRAUTERINE PREGNANCY <i>(Documented on community USS)</i>		PREGNANCY OF UNKNOWN LOCATION <i>(No community USS)</i>	
ALL OF:	ANY OF:	ALL OF:	ANY OF:
<input type="checkbox"/> Vitals stable <input type="checkbox"/> Bleeding settled <input type="checkbox"/> Pain controlled	<input type="checkbox"/> Vitals unstable <input type="checkbox"/> Bleeding ++ <input type="checkbox"/> Pain ++	<input type="checkbox"/> Vitals stable <input type="checkbox"/> Bleeding settled <input type="checkbox"/> Pain controlled <input type="checkbox"/> Discuss with Gynae prior to discharge	<input type="checkbox"/> Vitals unstable <input type="checkbox"/> Bleeding ++ <input type="checkbox"/> Pain ++
<input type="checkbox"/> GP / LMC follow up <input type="checkbox"/> Community ultrasound within 24 - 48 hrs. <i>WDHB radiology only if community USS not available</i> <input type="checkbox"/> Repeat HCG 48 & 96 hrs	Refer Gynae	<input type="checkbox"/> GP / LMC follow up <input type="checkbox"/> Community ultrasound within 24 - 48 hrs. <i>WDHB radiology only if community USS not available</i> <input type="checkbox"/> Repeat HCG 48 & 96 hrs	Refer Gynae

EARLY PREGNANCY CLINIC

EPC has limited resource
Only refer patients that meet the following criteria:

- Previously known IUP, now possibly non-viable *(to make sure definitely non viable, no RPOC)*
- Patients with no GP or LMC

Referral process EPC:

- Electronic referral. Do not fax.
- Note that a referral to EPC was made in the EDS: *Expect that the EPC will contact the patient within 2 business days of receiving the referral*

FOLLOW UP ULTRASOUND

WDHB RADIOLOGY has limited resource
All follow up USS should be done in the community unless:

- Financial or other patient factors that make it unrealistic
- Community USS cannot be arranged in a timely fashion

Use the pre-populated community USS request form that in the bundle pack, or on EM CeDS site



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FORMULARY / MEDICATION OPTIONS

CHECK ALLERGY STATUS AND SEE MEDSAFE OR OTHER TEXT FOR FULL LIST OF CONTRAINDICATIONS**

ALL MEDICATIONS MUST BE CHARTED ON THE NATIONAL MEDICATION CHART

ANALGESIA OPTIONS

For use in hospital and on discharge

Medication	Dose	Route	Freq	Notes
Paracetamol	1 g	Oral	Q 6 hourly	Standing order
Codeine phosphate	30 - 60 mg	Oral	Q 6 hourly	Standing order. Max 240 mg / day Constipating. Consider laxative or stool softeners
Morphine	5 mg (max)	IV	SLOW push	Standing order. < 50 kg = 0.1 mg/kg IV > 50 kg = 5 mg
Morphine	1-2 mg	IV	Q 3min	Departmental protocol. To be prescribed by clinician.

ROUTINE PREGNANCY SUPPLEMENTS

*For discharge **MOH recommendation***

Folic Acid	800 mcg	Oral	Once daily	Healthy women until end of 12 th week of pregnancy
Iodine	150 mcg	Oral	Once daily	Until breastfeeding is discontinued

ANTI-D *For all patients who are Rh negative*

<input type="checkbox"/> < 12/40 & <input type="checkbox"/> Not received in 2/52	250 U	IM	Stat	Request from blood bank on blood products form Provide patient information booklet for Anti-D Written consent required to be done by doctor Patients who have received Anti-D >2 weeks previous for a sensitising event, should be treated again, unless the blood bank notifies that the patient is already sensitised (+ Antibodies)
<input type="checkbox"/> < 12/40 & <input type="checkbox"/> Multiple pregnancy	625 U	IMI	Stat	
<input type="checkbox"/> > 12/40 but < 20/40	625 U	IM	Stat	

DISCHARGE CRITERIA MUST MEET ALL

- Senior doctor agrees with discharge plan
- Hemodynamically stable
- Pain free or pain controlled with oral analgesia
- Rh status has been addressed

ADMISSION CRITERIA

- Hemodynamically unstable
- Ongoing pain
- Senior doctor discretion
- ? Ectopic pregnancy

DISCHARGE CHECKLIST

- Anti-D given if indicated: *See above for dosage guide*
- Patient is taking Folic acid and Iodine *or*
- Script for Folic acid and Iodine *Formulary page 4*
- SFV documented *on Nursing Assessment Record*
- Patient advice handout given *BCB page, EM CeDS*
 - *Pregnancy of unknown location*
 - *Threatened miscarriage*
 - *How to register with LMC*
- Clear follow up advice in EDS
See Best Care Bundle Proforma (link from EDS)
It is already pre-populated with helpful information and patient advice.

FOLLOW UP - See page 2 & 3 for appropriate follow up

- Repeat βHCG 48 & 96 hrs:** *Provide Labtests forms. Write the GP / LMC name in the section for copy to*
- GP / LMC:**
All patients should have a LMC by 10/40 (MOH directive)
No LMC: refer to 'Midwife Community Liaison' (yellow form) or provide "How to register with LMC" (EM CeDS)
- Early Pregnancy Clinic** *E-referral ONLY if referral criteria is met.*
- Ultrasound:**
The patient chooses and arranges their own community USS. Pre-populated community USS referral letter in the bundle pack or EM CeDS.
Costs and contact details included.