



Treatment Protocol

4702

Policy: Labor and Delivery	Effective October 1, 2018	Expires March 31, 2019
	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed

Enter from the Universal Patient Treatment Protocol
For specific Emergency Stabilization or Patient Management of Labor and Delivery

P	E	A	P
S	M	E	M
P	T	M	M

Pertinent Findings

Environment Household preparations Homebirth Emergency childbirth Trauma	History Gravida (pregnancies) Para (viable births at 20 weeks plus) Abortus (lost pregnancies) LMP (last menstrual period) EDC (estimated date of confinement: first day of LMP + 280 days) Prenatal care and findings Multi-fetal pregnancy Planned caesarean section Maternal age and lifestyle Infectious disease status Plans to place infant for adoption	Physical Abdominal and/or back pain Mucous plug/bloody show ROM (rupture of membranes): Color and quantity of fluid Contractions: Onset (time began) Interval (rate and regularity) Duration (length) Intensity (strength) Desire to push Bleeding, bulging, crowning Abnormal presentation	Differential Miscarriage Ectopic pregnancy Pre-eclampsia/eclampsia Braxton Hicks contractions Placenta previa Placenta abruptio Uterine rupture Prolapsed cord Extremity presentation Breech presentation Nuchal (neck) cord Multi-fetal pregnancy																								
		<table border="1"> <thead> <tr> <th>APGAR</th> <th>0</th> <th>1</th> <th>2</th> </tr> </thead> <tbody> <tr> <td>Appearance</td> <td>Blue</td> <td>Both</td> <td>Pink</td> </tr> <tr> <td>Pulse</td> <td>Absent</td> <td>Slow</td> <td>Fast</td> </tr> <tr> <td>Grimace</td> <td>Absent</td> <td>Weak</td> <td>Strong</td> </tr> <tr> <td>Activity</td> <td>Absent</td> <td>Weak</td> <td>Strong</td> </tr> <tr> <td>Respiration</td> <td>Absent</td> <td>Weak</td> <td>Strong</td> </tr> </tbody> </table>	APGAR	0	1	2	Appearance	Blue	Both	Pink	Pulse	Absent	Slow	Fast	Grimace	Absent	Weak	Strong	Activity	Absent	Weak	Strong	Respiration	Absent	Weak	Strong	
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Emergency Stabilization or Patient Management

If delivery appears imminent: Prepare for and/or perform obstetrical delivery Public Safety Personnel may <u>assist only</u> in an imminent delivery, EMT/AEMT or PM must be team lead	P	E	A	P
	S	M	E	M
	P	T	M	M
Manage complication as below and Contact a single REMSA authorized base hospital (BH) in all obstetrical deliveries with any complication of childbirth: Prolapsed cord – maximize oxygenation and ventilation of mother, remove pressure from umbilical cord and protect cord from damage/exposure by: -applying supplemental oxygen to mother to maintain pulse oximetry $\geq 98\%$ -position patient as clinically indicated (i.e. left lateral with legs/hips elevated or knee-chest), -relieve pressure from umbilical cord by inserting gloved hand into vagina and gently pushing presenting part off of cord. Keep pressure off of umbilical cord. -cover exposed cord with saline soaked dressing.		E	A	P
		M	E	M
		T	M	M
In any breech presentation – expedite patient transport to closest most appropriate OB receiving facility, as surgical delivery is clinically indicated. - Maximize oxygenation and ventilation of mother as in prolapsed cord - position patient as clinically indicated (i.e. left lateral with legs/hips elevated or knee-chest)		E	A	P
		M	E	M
		T	M	M

B

B

Emergency Stabilization or Patient Management (continued)

In deliveries with prolapsed cord or breech presentation: Attach, interpret and continuously monitor PETCO2 by capnography, goal is 35-45 mmHg				P M
0.9% Normal Saline IV/IO bolus As clinically indicated for shock associated with postpartum hemorrhage See the REMSA Calculation Chart for concentration, and patient specific dosage and volume May repeat as clinically indicated			A E M T	P M

Return to Universal Patient Treatment Protocol
For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management

P S P	E M T	A E M T	P M
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******* Base Hospital Orders *******

Initiate, repeat, or modify standing orders within scope of practice As ordered For imminent delivery, or complications of imminent delivery				P M
Assess, clarify, monitor, treat within scope of practice and determine or change disposition and/or destination As ordered Mode of transport is an operational decision	P S P	E M T	A E M T	P M