PRACTICE GUIDELINE

Effective Date: 11-18-05 Manual Reference: **Deaconess Trauma Services**

TITLE: TREATMENT AND OBSERVATION OF PATIENTS INVOLVED IN TRAUMATIC INCIDENTS DURING PREGNANCY

PURPOSE: To define guidelines to be applied to the initial evaluation of the pregnant patient who has sustained a traumatic injury and coordinate the activities of the obstetric service, the trauma service and the emergency medicine service.

GUIDELINES:

1. Follow the ATLS protocols including initial assessment, resuscitation and secondary survey. Remember that the mother's welfare comes first so all initial assessment should be directed to the mother while keeping the fetus' welfare in mind. This includes X-rays and CT scanning.

2. Assess for pregnancy and gestational age by one or more of the following:
   a. History and last menstrual period.
   b. Beta-HCG.
   c. Prior sonogram.
   d. Discussion with physician providing obstetrical care.

3. For all trauma activations involving the pregnant mother of 24 weeks or greater, the emergency room physician will evaluate the patient, and notify the trauma surgeon and physician providing obstetrical care or the on call obstetrician of the trauma event. It is the Emergency Department physician's discretion if this patient needs to be a trauma alert depending upon the mechanism of injury or attributing trauma experienced. Midwives/Family Practice Residents should not be consulted for any pregnant trauma patient involved in a traumatic event. A physician with obstetrical/surgical privileges must be consulted to care for this type of obstetrical patient.

4. When the mother is medically cleared for trauma injuries by the trauma surgeon, the patient can be transferred to The Women's Hospital as directed by the trauma surgeon in collaboration with the physician providing obstetrical care. At any time, the trauma surgeon can be consulted at The Women's Hospital to reevaluate the pregnant patient.

5. If pregnant mother involved in a traumatic event is greater than 24weeks gestation and is not medically cleared for transfer to The Women's Hospital, the trauma surgeon will contact the physician providing obstetrical care and direct Deaconess ED staff to contact The Women's Hospital for the need of qualified staff to evaluate and provide obstetrical care for the pregnant patient.

6. The Women's Hospital will provide a qualified staff to complete a maternal fetal assessment within one hour of the request from Deaconess ED/trauma surgeon. This response time will be documented on the ED "Notification/Documentation" flowsheet in the ED.

7. Keep patient (>24weeks pregnant) on the left side to take uterine pressure off vena cava. If the patient is immobilized on a long spine board, tilt the long spine board to the left side by placing blanket roll beneath the board.

8. Obtain standard trauma labs dependent on injuries.

9. Determine maternal Rh status. If Rh negative, then consider physician order:
   a. Rhogam 300 mg for 2nd and 3rd trimester or 50 mg for 1st trimester.
   b. Alternative: Draw Kleihauer Betke test. If positive, administer Rhogam 300 mg.

10. Obtain sonogram if ordered by obstetrician or trauma surgeon.

11. Reference the Emergency Department policy: "OB/GYN Patients in the Emergency Room" for appropriate contacts for mother/NICU transport team needs.

12. Reference the Emergency Department policy: "OB/GYN Patients in the Emergency Room" for fetal heart tone assessment and documentation requirements.

13. If this is a traumatic injury requiring admission to the trauma ICU or trauma specialty unit, then, the trauma surgeon in collaboration with the obstetrician will determine the need for further plan of care by The Women's Hospital qualified staff at the patient's bedside.

14. If the gestational age is less than 24weeks, the plan of care for the pregnant mother and fetus will be at the discretion of the trauma surgeon and the obstetrician.

REFERENCES:

- Deaconess Emergency Department Policy & Procedure Manual, OB/GYN PATIENTS IN THE EMERGENCY DEPARTMENT".
- Deaconess Hospital Policy & Procedure Manual 40-06, EMTALA.
- Deaconess Emergency Department Policy & Procedure Manual, TRANSFER OF PATIENTS.

REVIEWED DATE	REVISED DATE
JAN 06	JAN 08
JAN 07	