

OB Patient Presents to ED (currently pregnant)

Determine gestational age (in weeks) using pregnancy wheel and triage primary complaint

Patient is ≥ 20 weeks pregnant

Patient is < 20 weeks with signs/symptoms of a miscarriage

Presents with the following OB signs/symptoms (stable)

Abdominal or pelvic pain
Back/flank pain
Vaginal Bleeding
Leaking of Fluids (water broke)
Blurred Vision/Vision Changes
Headache
Contractions (not pushing/crowning or grunting)
Decreased Fetal Movements
Diarrhea/Constipation
UTI symptoms

Do not register these patients
Notify OBED (triage) 690-5290 and send to OBED for initial evaluation

OB Patient Presents to ED and are **UNSTABLE**
CALL 1999 to activate OBSTAT
for complaint or complaints related to Trauma follow **Trauma Activation** criteria

OB Patient Presents to ED has a **NON-OB complaint**

Triage and standard care
Notify OBED 690-5290 and OB Hospitalist as needed

Imminent Delivery Crowning/Pushing or actively coding

Charge RN - CALL 1999 to activate **OB STAT** to Emergency Department identify location and room

Notify ED Charge and room patient immediately

Prepare Panda Warmer for Infant
Prepare Precip Pack

Register and room patient in ED for evaluation

Patient is <12 weeks

Triage and standard care in the ED

Patient is 12-14 weeks - consult OB Hospitalist

Patient MAY be admitted to BC for care - consult OB Hospitalist

Patient is 14+ weeks

Consult OB Hospitalist will be admitted to BC for care

Fetal Monitoring Guidelines
External Fetal Monitoring (EFM) to be performed for all patients 32+ weeks in ED by Labor & Delivery Staff
For patients 24 – 31.6 weeks please call OB Hospitalist for direction on fetal monitoring doppler tones vs. EFM