PURPOSE: To establish guidelines for the initial treatment and medical care of the pregnant trauma patient.

POLICY:

Professional staff employed in the Emergency Department will be prepared and qualified to provide initial management of pregnant trauma patients.

PROCEDURE:

Maternal and fetal outcomes depend on aggressive management following traditional ABC’s. The patient should be assessed and surgically cleared and transferred to the Perinatal Unit within 1 hour of arrival to the Emergency Department. If the patient is unable to be transferred to the Perinatal Unit because of injuries then fetal monitoring must be done in the Emergency Department by the Perinatal staff.

A. Perform a primary and secondary survey as with any trauma patient. Establish the gross gestational age of the fetus based on the LMP or EDC if patient has seen a physician.
   a. Gestational age of 12-20 weeks are urgent unless injuries indicate the need for emergent status.
   b. All patients with gestational ages greater than 20 weeks are emergent.
   c. All pregnant trauma patients who meet trauma activation criteria must be charted on using the major trauma template of TSystem regardless of pattern of injury.

B. Immobilized pregnant patients >20 weeks should be tilted 20 degrees onto the left side to prevent supine hypotensive syndrome.

C. The Emergency Room Nurse should monitor and record vital signs and fetal heart tones every 15 to 20 minutes. (A sustained FHR of less than 110 is considered bradycardic).

D. OB should do an Initial assessment that includes fundal height measurement (if EDC unknown), presence of uterine tenderness or contractions and fetal activity; documentation of the assessment by the OB/Staff will be placed on a progress note or in a TSystem computerized note if the nurse has that capability. Fetal Strips can be monitored from the Women’s Center if ER stay is prolonged. Fetal monitor strips should be placed in the medical record per OB policy and procedure.

E. Order PT, PTT and Rhogam screen on all patients having blunt or penetrating trauma to the abdomen. All RH Negative patients will be administered Rhogam.
F. All attempts will be made to limit radiation to the fetus.

G. Hospital Care of patients: any patient > 20 weeks involved in the following descriptions of trauma will have fetal monitoring for at least 4 hours or as directed by physician. If there are contractions greater than one every 10 minutes then monitoring should be continued as directed by the physician.
   a. Definition of Trauma:
      i. Multi-system blunt or penetrating trauma
      ii. High energy event
      iii. Two or more long bone fractures excluding tib/fib or radius/ulna of same extremity
      iv. Ejection from vehicle
      v. Significant fall (>10 feet)
      vi. Rollover incident
      vii. Bent steering wheel
      viii. Auto-pedestrian impact
      ix. Motorcycle/bicycle involvement
      x. Significant assault

H. Be prepared for:
   a. Aggressive fluid management as blood volume is expanded by 45% at 28 weeks.
   b. Pelvic exam
   c. Open DPL
   d. Emergency laparotomy or C-section