

PV bleed

If any of the following:

- Hypotensive <90 systolic
- Tachycardic >100bpm
- Fainting / postural symptoms / signs of poor perfusion eg cool peripheries
- Heavy bleeding - clots bigger than golf ball or use of >3 pads/hr
- Generalised abdominal / loin / shoulder tip pain

Alert senior dr & move to resus

Consider ECTOPIC pregnancy in women presenting with (or without) PV bleed & ANY of the following (even if NOT KNOWN to be pregnant):

- Associated abdominal / loin / shoulder tip pain
- Known pregnancy pre first scan
- History of IVF
- History of previous ectopic
- History of STI / PID
- Previous pelvic surgery

Senior r/v asap & consider transfer to resus (Patient can deteriorate rapidly)

1) Record Vital Signs: BP, HR, RR, SpO₂, Temp, GCS, BM

Commence Observation Chart and Early Warning Score - follow ED Escalation Plan

If Obs normal, no Ectopic risk factors (as above) & <12 wks pregnant - ED Band 6 may refer to EPAC directly as per Pregnancy Protocol on EDIS

For all other patients:

2) Fully undress, apply a gown and wrist band

3) Cannulate (16 gauge) and complete VIPS

Take bloods: FBC, G + S and serum BHCG

If > 12 weeks add UE and LFTs if any concern re haemodynamic stability

If > 12 weeks and Rhesus negative perform a Kleihauer test

4) Obtain urine for BHCG

5) Perform pain score and give analgesia as needed (avoid NSAIDs)

Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS