POLICY:

All pregnant patients presenting to the Emergency Department (E.D.) will be assessed by a physician and a plan of treatment established. Fetal assessment will be completed on all pregnant patients presenting to the E.D. with a medical problem and/or a victim of trauma which may potentially cause fetal compromise or distress.

SPECIAL INFORMATION:

A. All pregnant patients with a chief complaint directly related to the pregnancy, (and greater than 20 weeks gestation by ultrasound), will be assessed in the Women’s Care Center. The MMSC on-call obstetrician will be contacted.

B. All other pregnant patients including those presenting to the E.D. at less than 20 weeks gestation by ultrasound with bleeding will be assessed in the E.D.

C. If the complaint is not directly related to the pregnancy and consultation and/or follow up are necessary, the appropriate “call” physician will be contacted, e.g. personal physician, general surgeon, orthopedist, general call, psychiatrist.

D. Fetal assessment should always be completed in the following potential fetal compromise/distress situations: maternal fever or other signs of infection; maternal hemorrhage; maternal trauma; abdominal pain; maternal respiratory distress; reported uterine contractions; and/or report of decreased fetal activity.
   1. Less than 20 weeks: confirm presence of fetal heart tone and that there is no intrauterine bleeding.
   2. Fetal assessment for 20 weeks and beyond includes fetal vital signs, fetal activity and monitoring for contractions. Women’s Care Center staff nurses may be called to assist when the mother can not come to the L & D area due to her medical condition.
   2. Nursing discretion may be used and the pregnant patient may be monitored when a concern exists; i.e., abnormal vital signs or signs of patient (maternal) distress, including hypotension, tachycardia, tachypnea, and hypoxemia.

E. Pregnant patients at 24 or more weeks gestation presenting to the E.D. as victims of trauma will be evaluated and appropriately treated for the trauma. The fetus of the trauma patient will be monitored as directed by the obstetrician if there is potential compromise of the fetus. The trauma patient will be assigned to a bed based upon extent of injury. Patients without obvious injury from the trauma will have the fetus monitored in Women’s Care after treatment of injuries.

Refer to Policy L-1 Admissions and Administrative Policy 134 – One Level Of Care.