

Section: Division of Nursing

* **PROTOCOL** *

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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ED
(Scope)

TITLE: RUPTURED ECTOPIC PREGNANCY PROTOCOL

PURPOSE: To outline the nursing care of the patient with actual or suspected ruptured ectopic pregnancy.

LEVEL: X Interdependent Independent Dependent

SUPPORTIVE DATA: An ectopic pregnancy is gestation located outside the uterine cavity. When the point of implantation is no longer able to accommodate the growth of the embryo, the site ruptures.

PATIENT OUTCOME: The patient will be hemodynamically stable, pain will be minimized, and fear and anxiety will be reduced.

TRIAGE: Any female patient of childbearing age presenting with pain and bleeding will be triaged by RN into GYN treatment room or any other available room. Urine specimen will be obtained.

<u>ASSESSMENT</u>	<u>INTERVENTION</u>
1. Question LMP and recent menstrual history. (Patient may not know for sure that she is pregnant.) There may be history of a late period, a missed period or an abnormally light period. Onset, duration, quality of LMP.	a. Assess the amount and type of vaginal bleeding. Note the presence of any other vaginal discharge. b. Prep for ultrasound of pelvis. c. Assist with vaginal exam. d. Obtain reproductive history/prior pregnancies: <ol style="list-style-type: none"> 1. Number 2. Types of deliveries 3. Live births 4. Spontaneous abortions 5. Ectopic pregnancies 6. TOP(s)

2. Assess pain - abdominal pain that may radiate to shoulders. Assess abdomen for signs of acute abdomen distention, rigidity, onset, type, duration of pain.
Auscultate for bowel sounds. Palpate abdomen gently.
3. Assess maternal V/S frequently and evaluate bleeding
 - a. Administer nasal O₂ at 4-6 hours PRN.
 - b. Initiate large bore IV - which RL, NSS or ordered solution.
 - c. Have Lab draw CBC, diff, CMP, type and cross match, serum and/or urine pregnancy test. BHCG.
 - d. Keep patient NPO.
4. Assess level of understanding, emotional state or fear of patient and family.
 - a. Provide for privacy as much as possible.
 - b. Have a calm, reassuring manner.
 - c. Stay with patient as much as possible.
 - d. Have family member and significant other stay with patient as much as possible.
5. Prep patient for possible emergency surgery.
 - a. Explain all procedures to patient and family.
 - b. See Preparation for Emergency Surgery procedure.

- DOCUMENTATION:
1. Document per protocol.
 2. Chart changes in patient condition
 3. Chart patient's response to procedures.
 4. Chart to patient disposition.