5.02 TRAUMA IN THE OBSTETRIC PATIENT - PUBLIC COMMENT APRIL 2024 DRAFT **BLS - FAQ Link VERSION** Assess Vital Signs, ABC's and responsiveness, Oxygen PRN Refer to protocol 4.01 General Trauma Assessment for adult/pediatric trauma protocols with the following additional considerations: Gestational age? < 20 weeks > 20 weeks **ALS** Follow normal triage pathway. Negative? **Trauma Triage** Positive? Transport to Trauma Center. Transport to Obstetric Specialty Care Facility. Tight Oxygen control with goal of 94-98%. IV/IO of Normal Saline TKO. Transport patient in left tilt SBP > 90? Assess for signs of shock,. positioning or with manual uterine displacement during transport. Pain? If Spinal Motion Restriction, SBP < 90? tilt board to left and pack under board. **Fentanyl Normal Saline** 50 mcg IV/IO slow IV 500mL bolus IV/IO for SBP <90. push (over 1 minute). Reassess and repeat if indicated. every 5 minutes if SBP > 90mmHg. Maximum dose of 200 mcg total. --or--100 mcg IN or IM (IN preferred). Comments If concern for vaginal bleeding, external vaginal evaluation should be performed. every 10 minutes if SBP Pelvic binder devices can be used in obstetric > 90mmHg. Maximum trauma patients if indicated, place under gravid Report any incident of dose of 200 mcg total. suspected domestic violence With fentanyl use, there is a risk of fetal to emergency department respiratory depression in fetus if birth is imminent staff Ketorolac, Ibuprofen, (crowning). and Ketamine are Domestic violence is the second leading cause of contraindicated in traumatic injury in obstetric patients and is often pregnancy/labor. under reported. Effective: xxxxxx

Supersedes: NEW

5.02 Trauma in the Obstetric Patient – Public Comment April 2024

BLS Treatment

Refer to protocol <u>4.01 General Trauma Evaluation and Overview</u> for adult/pediatric trauma protocols with the following additional considerations:

If less than or equal to 20 weeks gestational age:

Follow normal triage pathway.

If greater than 20 weeks gestational age, with otherwise negative trauma triage:

Transport to Obstetric Specialty Care Facility

If greater than 20 weeks gestational age AND trauma triage positive:

- Transport to Trauma Center
- Tight Oxygen control with goal of 94-98%
- Transport patient in left tilt positioning or with manual uterine displacement during transport. If <u>Spinal Motion Restriction</u>, tilt spine board to left and pack under board.
- If concern for vaginal bleeding, external vaginal evaluation should be offered to patient.

Pain control

- Fentanyl can be used for pain control in this population.
- Ketorolac is contraindicated in pregnancy/labor

ALS Treatment

- IV / IO of Normal Saline TKO.
- Assess for signs of shock, if SBP < 90, Normal Saline fluid bolus.

Comments

- Pelvic binder devices can be used in obstetric trauma patients if indicated, place under gravid abdomen.
- With fentanyl use, there is a risk of fetal respiratory depression in fetus if birth is imminent (crowning).
- Domestic violence is the second leading cause of traumatic injury in obstetric patients and is often under reported.