

# **Obstetrical Triage Tree**



## History

- SAMPLE
- Hypertension Meds
- Prenatal care
- Prior pregnancies / births
- Gravida / Para

## Signs and Symptoms

- Vaginal bleeding
- Abdominal pain
- Seizures
- Hypertension
- Severe headache
- Visual changes
- Edema of hands and face

### **Differential**

- Pre-eclampsia / Eclampsia
- Placenta previa
- Placenta abruptio
- Spontaneous abortion

No

Less than 23 weeks gestation?

Fetal Demise?

# Call for report, request to speak to sending MD if possible.

#### HIGH RISK

- Premature labor
- Preterm rupture of membranes (PPROM)
- PPROM in labor
- Eclampsia or severe preeclampsia
- Placenta previa with active bleeding
- Placental abruption
- Diabetes mellitus out of control or ketoacidosis
- Patient requires fetal monitoring
- Severe maternal complications (HELLP, Cardiovascular, renal, etc.)
- Pt receiving tocolytic drugs and still in labor

### Low Risk

Yes

- Placenta Previa without bleeding
- Mild to moderate preeclampsia
- Diabetes mellitus controlled
- RH isoimmunization

Treatment of HTN: Labetolol 10mg q 10 min x 3 if B/P is >160/100

GOAL: <140/90

Transport as usual, call **Medical Control** as needed.

- Patient deemed low risk, transport, call Medical Control as needed
- Patient deemed high risk, inform sending facility of inability to transport
- Contact Medical Control for advice if there is any question as to the risk status of the patient

Inform the communications specialist of decision to transport or not. If the sending facility requests an ETA from you at the time of report tell them a communications specialist will call them back with an ETA as soon as it is available from the pilot.

#### **Pearls**

- Survival Flight crews will not perform inter-facility transport for high risk maternal patients, they will assist as needed until a maternal team is available. If patient is low risk an adult / pediatric transport team will transport.
- In cases of imminent delivery, attempt to deliver before loading onto aircraft.
- Consider need for slow ascent/descent.
- Consider loading patient with head aft to reduce pressure on perineum (fixed wing).
- If patient is unstable, consider an increase in cabin pressure or decrease in altitude.
- Consider miscarriage/ectopic pregnancy in patients with vaginal bleeding/abdominal pain.
- Consider placental abruption with sudden onset of severe abdominal pain in pregnant patient.
- Be cautious in patients with previous C-section deliveries-especially with vertical abdominal incisions.
- Immediately transport any patient that is hemorrhaging and unstable, or has an abnormal presentation.
- If you suspect fetal/maternal distress, contact receiving hospital to alert C-Section Team.