**SUBJECT:** Gynecological Emergencies

**PURPOSE:** To clearly establish the Department’s position on the clinical care and treatment of patients suffering from a gynecological emergency.

**SCOPE:** This Operating Guideline shall be applicable to all personnel; paid and volunteer, operating as an agent of the Shamong EMS

**RESPONSIBILITY:** All Department Officers will ensure overall compliance with this operating guideline. The primary responsibility of the emergency care and treatment of medical and trauma patients falls under Emergency Medical Technicians, paid and volunteer, operating as an agent of Shamong EMS

**PROCEDURE:**

1. **Assessment** 
   1. Perform complete primary and secondary assessment, including obtaining a complete set of manual vital signs.
   2. Determine occurrence of most recent menstrual period.
   3. Determine if patient is or may be pregnant.
   4. Assess for abdominal pain.
      1. Any woman of childbearing age with significant abdominal pain should be assumed to be pregnant.
      2. Be especially aware of possibility of ectopic pregnancy.
   5. Assess for non-menstrual vaginal bleeding.
      1. Non-menstrual bleeding should be assumed to be a possible spontaneous abortion or OB emergency until proven otherwise.
   6. Assess for evidence of genital trauma.
      1. Trauma may be caused by straddle injuries, blows, attempts at abortion, foreign bodies, and sexual assault.
   7. Victims of sexual assault should be managed with all due delicacy and compassion.
      1. If possible, assessment and care should be performed by a female.
      2. Do not inquire about the incident or the victim’s sexual history.
      3. Respect the victim’s modesty and limit physical contact unless asked to do so by the patient.
      4. Avoid examination of the genitalia unless a suspected life- threatening injury is present.
      5. Be supportive and non-judgmental.
      6. Ask for permission before performing any type of touching or procedure.
      7. Understand the preservation of evidence is important. If at all possible:
         1. Handle clothing as little as possible.
         2. Do not examine the perineal area.
         3. Do not allow the patient to wash, shower, bathe, douche, clean fingernails or comb hair.
         4. Do not clean wounds, if possible.
         5. Do not allow the patient to eat, drink, or take any medications.
2. **Treatment** 
   1. Provide and maintain appropriate airway management.
   2. Administer and maintain appropriate dose of oxygen based on patient’s condition.
   3. Apply an abdominal dressing and if bleeding soaks through the dressing, apply a second dressing on top.
      1. Note: Direct pressure is not required because the source of bleeding is internal.
   4. Do not attempt to stop internal vaginal bleeding.
3. **Documentation**
   1. All physical findings, including pertinent negatives.
   2. Note last menstrual period, birth control use, or history of irregular vaginal bleeding.
   3. Type of injury, if applicable; such as sexual assault.
   4. Pertinent past medical history, including medications and allergies.
   5. Treatment rendered.
      1. Repeat vital signs.
      2. Responses to treatment.

**Enforcement**

Failed compliance with the policy and procedures outlined in this document may result in the employee’s entry to the department’s progressive counseling and discipline process.