



= YES = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

BLEEDING / PAIN IN EARLY PREGNANCY

Date: _____ Time: _____ Assessment nurse: _____ Sign: _____

INCLUSION CRITERIA

Pregnant < 14 / 40

PV bleeding and / or pain

Pregnancy not confirmed → serum β-HCG ASAP
Full bladder needed for USS - push oral fluids

EXCLUSION CRITERIA

Not pregnant

> 14 weeks

Select Treatment Pathway on Whiteboard

Enter actual time started
Data collected for Ministry of Health

STOP! Not suitable for this Best Care Bundle
Select 'BCB removed' Treatment Pathway
Continue usual nursing cares

NURSING ASSESSMENT

History, examination, vitals *Document on nursing assessment record*

IV access and Bloods ✓ PV Bleed panel, ✓ β-HCG, ✓ G&H
(Only send the G&H if unstable, ? ectopic or Rh status unknown)
↳ 2 large bore IV lines if signs of shock (i.e. cool, clammy, HR > 110, BP < 90)

Administer analgesia *See formulary on page 4*

Push oral fluids *Aim 2 full cups water immediately - full bladder preferable for USS*
IV fluids if NPO / concern about ? ectopic. Clinician decision
Urine analysis not a priority - send MSU only if ? UTI

RED FLAGS All red flags boxes must be populated = YES = NO

<input type="checkbox"/> HR > 110 bpm	<input type="checkbox"/> HR < 50 bpm	<input type="checkbox"/> Clinical concern
<input type="checkbox"/> Systolic BP < 90	<input type="checkbox"/> Heavy bleeding: e.g > 1pad / hr or clots	<input type="checkbox"/> Fever
<input type="checkbox"/> Collapse	<input type="checkbox"/> Severe abdominal pain / guarding / rebound	<input type="checkbox"/> Known Ectopic

NO RED FLAGS

Continue Best Care Bundle

RED FLAGS PRESENT (ANY) → Senior Dr review ASAP (SMO / Senior Registrar)

Dr Name: _____ Sign: _____

Continue Best Care Bundle. Intervention if any: _____

Exit Care Bundle: Reason: _____
↳ Select 'BCB removed' in TP column, Electronic Whiteboard. This signals the medical staff



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BEDSIDE ULTRASOUND AVAILABLE IN ED

To be used in conjunction with clinical findings and good views by clinician competent in performing bedside USS. Trans-vaginal USS preferred if competent clinician available

NO COMMUNITY USS: PREGNANCY OF UNKNOWN LOCATION

↳ Need to rule out ectopic pregnancy prior to discharge

- Gestational sac **and** yolk sac
- Gestational sac **and** fetal pole
- Fetus with + heart beat

- Empty uterus or unclear contents
- Empty gestational sac
- Fetus without a clear heart beat

Viable pregnancy

Definite intra-uterine pregnancy seen

Possible non-viable pregnancy

Intra-uterine pregnancy not seen OR unclear

- Stable **AND**
- Pain controlled

- NOT stable OR**
- ++ Pain

- Stable **AND**
- Pain controlled **AND**
- No free fluid

- NOT stable OR**
- ++ Pain **OR**
- Pelvic free fluid

- GP / LMC**
- Request community ultrasound in 1/52

Admit Gynae

Discuss w Gynae prior to D/C
Refer **Early Pregnancy Clinic**
Request USS through EPC

? Ruptured ectopic
Admit Gynae

COMMUNITY USS: KNOWN INTRAUTERINE PREGNANCY

- Gestational sac **and** yolk sac
- Gestational sac **and** fetal pole
- Fetus with + heart beat

- Empty uterus or unclear contents
- Empty gestational sac
- Fetus without a clear heart beat

Viable pregnancy

Definite intra-uterine pregnancy seen

Possible non-viable pregnancy

Intra-uterine pregnancy not seen or unclear

- Stable **AND**
- Pain controlled

- NOT stable OR**
- ++ Pain

- Stable **AND**
- Pain controlled **AND**
- No free fluid

- NOT stable OR**
- ++ Pain **OR**
- Pelvic free fluid

- GP / LMC**
- Request community ultrasound in 1/52

Admit Gynae

Discuss w Gynae prior to D/C
Refer **Early Pregnancy Clinic**
Request USS through EPC

? Heterotopic pregnancy
Admit Gynae



= YES = NO

(PLACE PATIENT LABEL HERE)

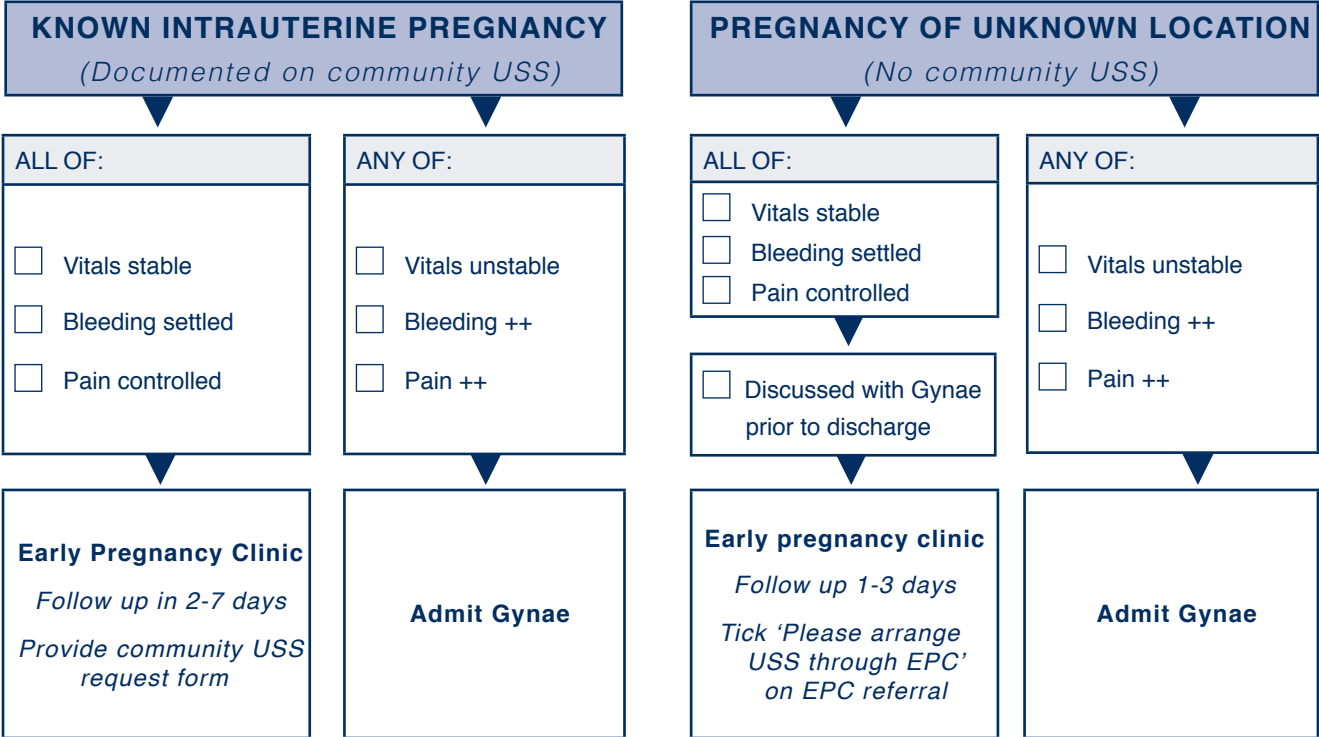
SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

BEDSIDE ULTRASOUND **NOT AVAILABLE** IN ED

Use this pathway if no competent USS operator available in ED, or if the views obtained are insufficient





= YES = NO

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SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

FORMULARY / MEDICATION OPTIONS

CHECK ALLERGY STATUS AND SEE MEDSAFE OR OTHER TEXT FOR FULL LIST OF CONTRAINDICATIONS**

ALL MEDICATIONS MUST BE CHARTED ON THE NATIONAL MEDICATION CHART

ANALGESIA OPTIONS

For use in hospital and on discharge

Medication	Dose	Route	Freq	Notes
Paracetamol	1 g	Oral	Q 6 hourly	Standing order
Codeine phosphate	30 - 60 mg	Oral	Q 6 hourly	Standing order. Max 240 mg / day Constipating. Consider laxative or stool softeners
Morphine	5 mg (max)	IV	SLOW push	Standing order. < 50 kg = 0.1 mg/kg IV > 50 kg = 5 mg
Morphine	1-2 mg	IV	Q 3min	Departmental protocol. To be prescribed by clinician.

ROUTINE PREGNANCY SUPPLEMENTS

*For discharge **MOH recommendation***

Folic Acid	800 mcg	Oral	Once daily	Healthy women until end of 12 th week of pregnancy
Iodine	150 mcg	Oral	Once daily	Until breastfeeding is discontinued

ANTI-D *For all patients who are Rh negative*

<input type="checkbox"/> Single pregnancy <input type="checkbox"/> < 12/40 <input type="checkbox"/> Not received in 6/52	250 U	IM	Stat	Request from blood bank on blood products form Provide patient information booklet for Anti-D Written consent required to be done by doctor
<input type="checkbox"/> Multiple pregnancy <input type="checkbox"/> > 12/40 but < 20/40	625 U	IM	Stat	For more information see Anti-D flow chart on Transfusion medicine CeDDS site - link on EM site.

DISCHARGE CRITERIA MUST MEET ALL

- Senior doctor agrees with discharge plan
- Hemodynamically stable
- Pain free or pain controlled with oral analgesia
- Rh status has been addressed

ADMISSION CRITERIA

- Hemodynamically unstable
- Ongoing pain
- Senior doctor discretion
- ? Ectopic pregnancy

DISCHARGE CHECKLIST

- Anti-D given if indicated: *See above for dosage guide*
- Patient is taking Folic acid and Iodine *or*
- Script for Folic acid and Iodine *Formulary page 4*
- Patient advice handout given *BCB page, EM CeDDS*
 - *Pregnancy of unknown location*
 - *Threatened miscarriage*
 - *How to register with LMC*
- Clear follow up advice in EDS
See Best Care Bundle Proforma (link from EDS)
It is already pre-populated with helpful information and patient advice.

FOLLOW UP - *See page 2 & 3 for appropriate follow up*

- Early Pregnancy Clinic referral sent**
Pre-populated referral letter in Bundle Pack - or EM CeDDS, please indicate USS need
- GP / LMC:** *For stable patients with Live IUP*
All patients should have a LMC by 10/40 (MOH directive)
No LMC: refer to 'Midwife Community Liaison' (yellow form) or provide "How to register with LMC" (EM CeDDS)
- Ultrasound:**
Stable patients with live IUP in ED can have their USS in the community. The patient chooses their own provider.
Pre-populated community USS referral letter on EM CeDDS. Costs and contact details included.