



= YES = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

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

BLEEDING / PAIN IN EARLY PREGNANCY

Date: / / 20 Time: Clinician: NP CNS HS Reg SMO

HISTORY AND PRESENTING COMPLAINT

Gestation ____ / 40 Dates USS Unknown *No USS yet or assisted fertility:
↑ risk for ectopic*

Grav: ____ Para: ____ M: ____ TOP: ____ E: ____

LMP

Unwell for

Abdominal pain No Yes:

PV bleeding No Yes: Number of pads today: ____ Pads per hour: ____

Clots No Yes: *Concern if > 1 pad/hr*

Products of conception passed No Yes:

Assisted fertility / IVF No Yes:

LMC (Lead Maternity Carer) No Yes: Name: _____

IUP confirmed by USS No Yes: Date: _____ Where: _____

Prev ED visits for PV bleeding No Yes:

Inpatient admissions No Yes:

RELEVANT PREVIOUS MEDICAL AND SURGICAL HISTORY Nil relevant

Endometriosis No Yes: *Ask about contraception / IUD*

Previous PID No Yes:

Pelvic surgery No Yes:

RELEVANT MEDICATIONS / ALLERGIES Nil regular medicines

Iodine No Yes:

Folic acid No Yes:

*MOH requirement:
All pregnant women should take
Folic acid & Iodine.* See link EM
CeDSS site*

Nil known allergies **ALLERGIES:**

SOCIAL HISTORY

Smoking Hx Non smoker Smoker: *Provide smoking cessation advice*

SFV Completed *All pregnant patients must be screened*

Alcohol

Home situation



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VITAL SIGNS <input type="checkbox"/> Within normal limits	BP _____ mmHg	Resp Rate _____ min	Pain score _____ /10
	Pulse _____ bpm	SPO2 _____ %	
	Temp _____ °C	<input type="checkbox"/> Air <input type="checkbox"/> NP <input type="checkbox"/> Hudson: ____ l/min	
General	<input type="checkbox"/> NOT distressed		
Pain	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Dehydration	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe
	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Pallor	<input type="checkbox"/> Cyanosis <input type="checkbox"/> Clubbing <input type="checkbox"/> LN's <input type="checkbox"/> Oedema

EXAMINATION

CVS Warm and well perfused

Signs of shock No Yes:

Cap refill Normal

Pulses Normal

Respiratory

Breathing work Normal

Air entry Normal

Breath sounds Vesicular

Added sounds No Yes:

Abdomen *Look for signs of acute abdomen / ectopic / pyelonephritis*

Appearance Not distended Distended

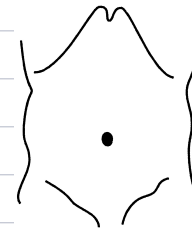
Scar:

Palpation Soft

Guarding No Yes:

Rebound tender No Yes:

Renal angle Not tender Tender





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♀ VAGINAL EXAMINATION: <i>Look for products of conception in the cervical os</i>			<input type="checkbox"/> Not indicated
<i>Indications:</i> <input type="checkbox"/> Pain not controlled <input type="checkbox"/> Heavy Bleeding <input type="checkbox"/> Hemodynamic instability			
<i>Performed by:</i> _____			
<i>Products of conception:</i> <input type="checkbox"/> None			
<i>Bleeding:</i> <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			

ULTRASOUND: <i>ED or Gynae doctor can perform</i>			<input type="checkbox"/> Not performed: no operator available
<i>Performed by: Dr</i> _____			
<input type="checkbox"/> Credentialed		<input type="checkbox"/> Uncredentialed	
<input type="checkbox"/> Trans-vaginal		<input type="checkbox"/> Trans-abdominal	
<input type="checkbox"/> Technically limited scan			
+ Intra uterine pregnancy: <input type="checkbox"/> Gestational sac & yolk sac			
<input type="checkbox"/> Gestational sac & fetal pole			
<input type="checkbox"/> Fetus with + heart beat: <i>Heart rate:</i> _____ <i>Gestational age:</i> _____			
<i>Pelvic free fluid:</i> <input type="checkbox"/> No <input type="checkbox"/> Yes: <i>Consider heterotopic pregnancy</i>			
- Intra uterine pregnancy: <input type="checkbox"/> Empty uterus or unclear contents			
<input type="checkbox"/> Empty gestational sac			
<input type="checkbox"/> Fetus without a clear heart beat			
<i>Pelvic free fluid:</i> <input type="checkbox"/> No <input type="checkbox"/> Yes: <i>? Ectopic pregnancy</i>			

RESULTS									
Haematology		Biochemistry				Other		URINE: if ? UTI	
Hb		Na ⁺						Leuc est	
WCC		K ⁺						WCC	
PL		Gluc						RCC	
		Creat						Epi's	
		β-HCG						Bact	

RHESUS STATUS	
<input type="checkbox"/> Rh POS	→ Anti-D NOT indicated
<input type="checkbox"/> Rh NEG	→ Anti D indicated → <i>Refer formulary page 4 Pathway document for dosage guide</i>
	<input type="checkbox"/> Blood products patient information sheet given
<i>Consent:</i>	<input type="checkbox"/> Written



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CLINICAL IMPRESSION / DIAGNOSIS / PLAN

- Diagnosis* Threatened miscarriage
- Pregnancy of unknown location *All to be discussed with Gynae acutely (stable or not)*
- ? Ectopic

FURTHER MANAGEMENT / NURSING INSTRUCTIONS

- Analgesia* Charted Given
- Anti-D* Not indicated *Formulary page 4 Pathway document for dosage guide*
- Charted Given

DISPOSITION *See BCB pathway document page 2 & 3 for follow up flow guide, criteria & checklist*

- Disposition:* Discharge to GP and LMC → Community USS referral provided *Pre-populated form EM CeDDS*
- Early Pregnancy clinic → Referral sent *Pre-populated form bundle pack / EM CeDDS*
- Please tick 'Arrange formal USS through EPC'*
- Inpatient admission: Discussed with Dr: _____ Time: _____

- Patient advice:* Pregnancy of unknown location How to register with LMC
- Threatened miscarriage *Links to all these sheets on ED CeDDS page*

Document the plan clearly in the EDS. See EDS proforma (link from EDS). It is pre-populated with helpful patient information

EMERGENCY MEDICINE NOTES

Clinician Name: _____ Designation: _____ Sign: _____ Contact details: _____

For junior staff: Discussed with Reviewed by SMO Dr : _____ Sign: _____