# Triage of the Obstetrical Patient in the Emergency Department

An systematic approach to the triage & initial assessment & treatment of the OB patient presenting to the ED.

## IMPORTANCE OF FOCUS

Coordination between the ED and OB team is essential to reduce variations in care and reduce potential harm to obstetrical patients and the fetus. It is important to determine if:

- the emergency problem is due to the pregnancy,
- the problem is unrelated but affected by the pregnancy, or
- unrelated but affects the pregnancy.

## GOALS

- Support triage and disposition decisions for OB patients in the ED.
- Clarify roles and facilitate communication between the ED and L&D.
- Promote consistency and integration across Palmetto Health.
- Improve clinical care and outcomes of OB patients and unborn child.

## KEY RECOMMENDATIONS

- Patients with a life-threatening condition or who are medically unstable (in association with or independent of their pregnancy) will remain in the ED, and labor and delivery will be notified immediately if they are above 16 week gestation.

- Women less than 16 weeks gestation will be assessed in the ED. When patients under 16 weeks present with complaints of vaginal bleeding, abdominal pain, or syncope, early consultation with an obstetrical provider is appropriate.

- All pregnant patients 16 weeks gestation and greater, who present to the facility requesting care, must have an OB and fetal evaluation, regardless of the presenting chief complaint, by a qualified RN and/or OB provider.

- If the patient is to be transported to labor and delivery, the ED RN will notify the labor and delivery charge nurse by telephone of the patient’s gestational age, provider, chief complaint, and vital signs.
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CARE PATHWAY COMPONENTS

Algorithm: Triage of OB Patients in ED

1. **OB Patient Arrives in ED**
   - Patient has life-threatening condition or is medically unstable (Trauma/BAT/STEMI)?
     - NO
     - YES

2. **Patient will remain in the ED for assessment / treatment**
   - Gestation at or above 16 weeks?
     - NO
     - YES

3. **Gestation at or above 16 weeks?**
   - YES
   - Consult with L&D Charge Nurse to determine best location of care.
   - NO
   - Patient will be assessed in ED. Consult L&D/OB provider with complaints of vaginal bleeding, abdominal pain, or syncope.

4. **ED RN:**
   - L&D Charge Nurse will be notified and L&D nurse/OB Provider will come to the ED to assess and assist.
   - Send to L&D?
     - NO
     - YES

5. **Send to L&D?**
   - YES
   - Arrange transfer to L&D
   - Notify L&D Charge Nurse by telephone of patient’s gestational age, provider, chief complaint, and vital signs.
   - NO
   - Patient will be assessed in ED. ALL OB patients greater than 16 weeks gestation must have an OB and fetal evaluation by qualified RN or OB provider.
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**NOTE:** This model outlines care for pregnant patients seeking emergency services, not labor-related obstetrical care.

## RESOURCES


## For Additional Information

For Additional Information, please contact Meg Loggins RN at Meg.Loggins@palmettohealth.org or 803-296-3768

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This Care Map presents a model of best care based on the best evidence available at the time of publication. It is not a prescription for every patient, and it is not meant to replace clinical judgment. Although physicians are encouraged to follow the Care Map to help focus on and measure quality, variation from the pathway may occur as clinical freedom is exercised to meet the needs of the individual patient. Deviations are a means for discovering improvements in patient care and expanding the knowledge base. Send feedback to Elizabeth Sheridan, Manager of Clinical Integration for the Palmetto Health Quality Collaborative (PHQC) at Elizabeth.sheridan@palmettohealth.org or 803 434-6906