

## Triage of the Obstetrical Patient in the Emergency Department

A 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

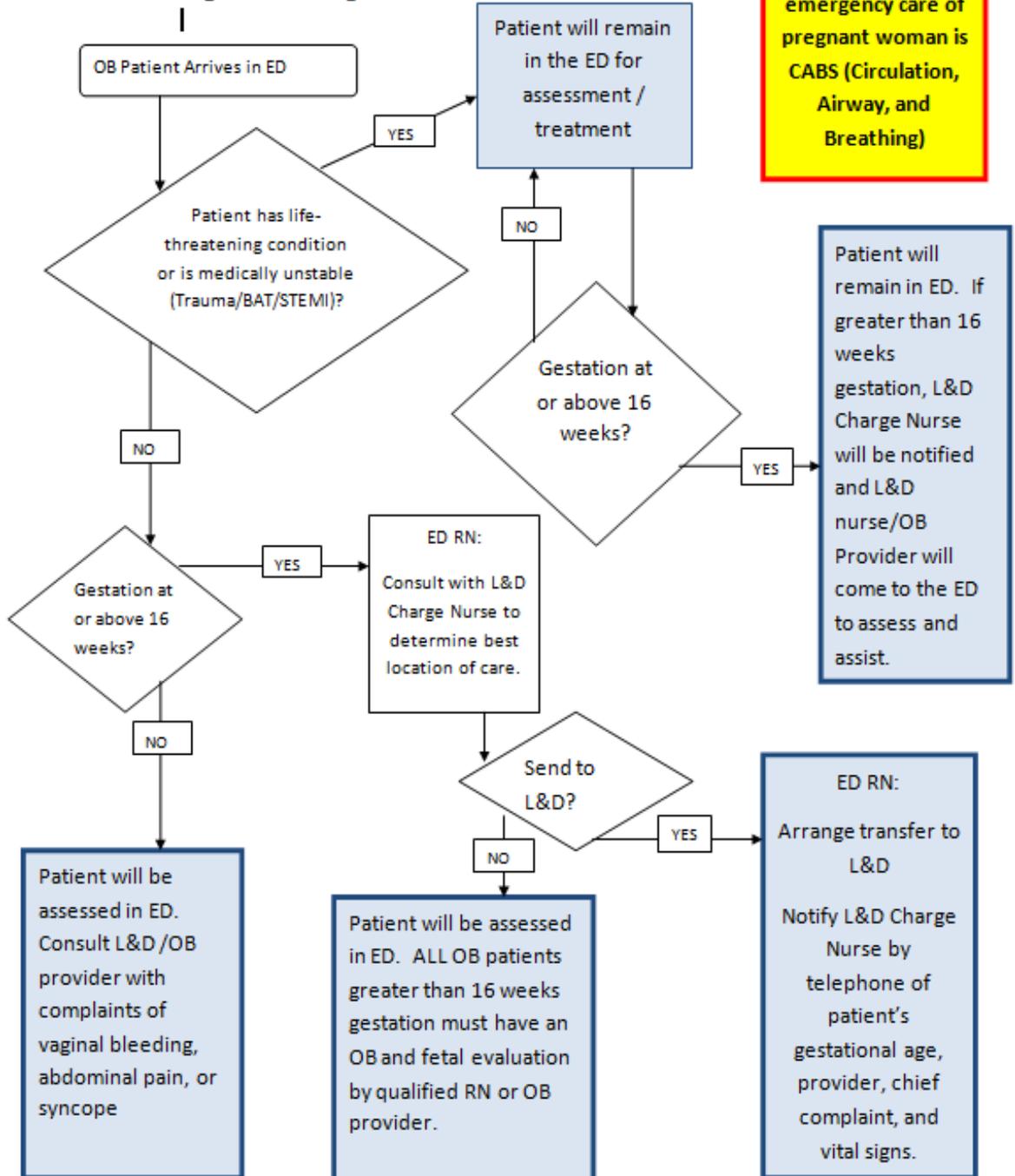
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**CARE PATHWAY COMPONENTS**

Regardless of gestation, the first priority for emergency care of pregnant woman is CABS (Circulation, Airway, and Breathing)

➤ **Algorithm: Triage of OB Patients in ED**



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**NOTE:** This model outlines care for pregnant patients seeking emergency services, not labor-related obstetrical care.

### RESOURCES

Chagolla, B. A., Keats, J. P., & Fulton, J. M. (2013). The Importance of Interdepartmental Collaboration and Safe Triage for Pregnant Women in the Emergency Department, *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 42, 595-605.

### For Additional Information

For Additional Information, please contact Meg Loggins RN at [Meg.Loggins@palmettohealth.org](mailto: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](mailto:Elizabeth.sheridan@palmettohealth.org) or 803 434-6906