

# INITIAL ASSESSMENT AND MANAGEMENT OF PV BLEEDING IN PREGNANCY

DEALING WITH  
**VAGINAL BLEEDING**  
DURING PREGNANCY



**PRESENTER: ASIIMWE KEMIGISHA**

**EM RESIDENT**

# OUTLINE

☐ **PRIMARY SURVEY**

☐ **HISTORY**

☐ **INVESTIGATION**

☐ **DISPOSITION**

# 5 MINUTE ASSESSMENT

✓ **AIRWAY**






✓ **BREATHING**

✓ **CIRCULATION**

✓ **DISABILITY**

✓ **EXPOSURE**

**DON'T FORGET TO CATHETERIZE**

ABCDE chart			
	EXAMINATION	INTERVENTION	GOAL
<b>A</b> 	<ul style="list-style-type: none"> <li>• airway noises</li> <li>• position of head</li> <li>• foreign body</li> <li>• fluid, secretions</li> <li>• oedema</li> </ul>	<ul style="list-style-type: none"> <li>• open</li> <li>• suction</li> <li>• secure</li> <li>• O<sub>2</sub></li> </ul>	<b>Patent airway</b>
<b>B</b> 	<ul style="list-style-type: none"> <li>• look - listen - feel approach</li> <li>• respiratory rate and effort</li> <li>• breath and added sounds</li> <li>• subcutaneous emphysema</li> <li>• symmetry of chest movement</li> <li>• tracheal deviation</li> <li>• jugular vein distention</li> <li>• cyanosis</li> </ul>	<ul style="list-style-type: none"> <li>• O<sub>2</sub> according to SpO<sub>2</sub></li> <li>• pneumothorax therapy</li> <li>• inhalation therapy</li> <li>• ventilation</li> </ul>	<b>Sufficient oxygenation and ventilation</b>
	SpO <sub>2</sub> - ETCO <sub>2</sub> - USG - X-ray - CT		
<b>C</b> 	<ul style="list-style-type: none"> <li>• heart rate</li> <li>• blood pressure</li> <li>• capillary refill time</li> <li>• bleeding</li> <li>• skin colour</li> <li>• blood samples</li> <li>• diuresis</li> </ul>	<ul style="list-style-type: none"> <li>• I.V. / I.O. access</li> <li>• control of bleeding</li> <li>• massive haemorrhage protocol</li> <li>• fluids</li> <li>• drugs</li> <li>• transfusion</li> </ul>	<b>Stabilization of circulation</b>
	ECG - USG - CT - X-ray		
<b>D</b> 	<ul style="list-style-type: none"> <li>• AVPU / GCS</li> <li>• reactivity and symmetry of pupils</li> <li>• blood glucose level</li> <li>• basic neurological examination</li> <li>• posture</li> <li>• toxicological examination</li> </ul>	<ul style="list-style-type: none"> <li>• glucose</li> <li>• antidotes</li> </ul>	<b>Evaluation of neurological state</b>
<b>E</b> 	<ul style="list-style-type: none"> <li>• head to toe examination</li> <li>• medical history</li> <li>• temperature</li> <li>• injuries</li> <li>• oedemas</li> <li>• scars</li> <li>• signs of drug abuse</li> <li>• skin changes</li> <li>• signs of infection/sepsis</li> </ul>	<ul style="list-style-type: none"> <li>• identified cause therapy</li> <li>• thermomanagement</li> <li>• trauma treatment</li> <li>• insertion of NGT, IUC</li> </ul>	<b>Revealing other symptoms and thermomanagement</b>



# QUICK HISTORY

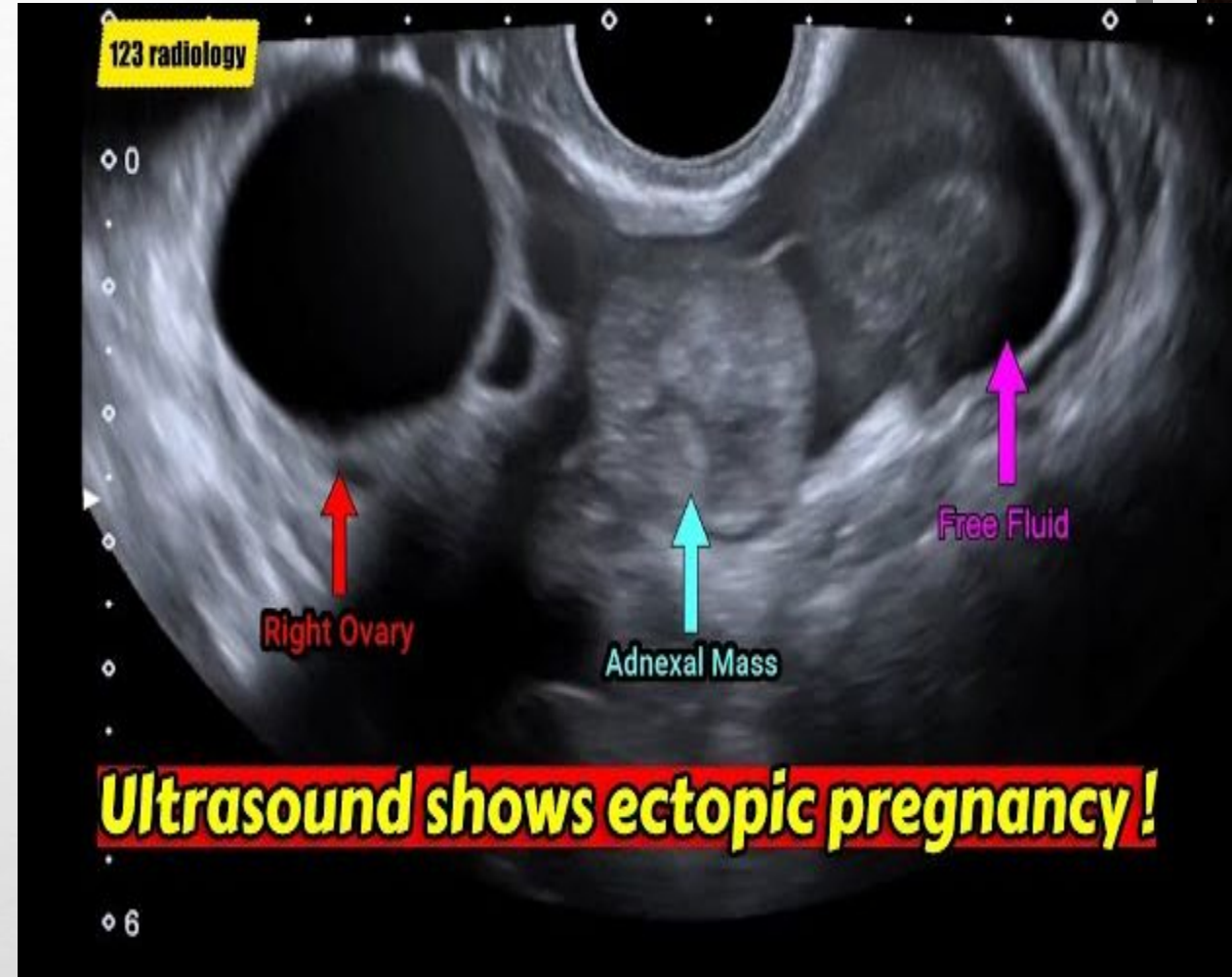
- **S**IGNS AND SYMPTOMS
- **A**LLERGIES
- **M**EDICATION
- **P**AST MEDICAL HISTORY
- **L**AST MEAL
- **E**VENTS SURROUNDING PRESENTATION

# COMMON LIFE-THREATENING DIAGNOSES

<b>&lt; 20 weeks</b>	<b>&gt;20 weeks</b>	<b>Other genital tract causes</b>
<b>Ruptured ectopic pregnancy</b>	<b>Placental abruption</b>	<b>Genital urinary trauma</b>
<b>Retained products of conception</b>	<b>Placenta previa</b>	<b>Uterine arteriovenous malformations</b>
<b>Complications of pregnancy</b>	<b>Uterine rupture</b>	
	<b>Postpartum Hemorrhage</b>	

# INVESTIGATIONS

- ❖ CBC
- ❖ BLDGROUPING AND XMATCHING
- ❖ LFT/RFT
- ❖ ULTRASOUND



# SECONDARY ASSESSMENT

## FOCUSED OBSTETRIC EXAM

❖ POSITION MOTHER

❖ FH/FHR

❖ PELVIC EXAM IF NO CONTRAINDICATION

- **THEATRE**

- **HDU/ICU**

- **OBSTETRIC WARD**



# THE END

