

BLS

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| <p><u>MOTHER:</u></p> <ul style="list-style-type: none">• Ensure patent airway.• O₂ Saturation prn• O₂ ventilate prn• If no time for transport and delivery is imminent (crowning and pushing), proceed with delivery.• If no delivery, transport on left side. <p><u>Routine Delivery:</u></p> <ul style="list-style-type: none">• Massage fundus if placenta delivered. (Do not wait on scene)• Place identification bands on mother and infant.• Document name of person cutting cord, time cut & address. <p><u>Post Partum Hemorrhage:</u></p> <ul style="list-style-type: none">• Massage fundus vigorously• Baby to breast <p><u>Eclampsia (seizures):</u></p> <ul style="list-style-type: none">• Protect airway, and protect from injury <p>STAT transport for third trimester bleeding to facility with OB services per base hospital direction.</p> | <p><u>MOTHER:</u></p> <ul style="list-style-type: none">• Monitor EKG• IV/IO <u>SO</u> adjust prn <p>Direct to Labor/Delivery area per BHO if ≥ 20 weeks gestation.</p> <p><u>Eclampsia (seizures):</u></p> <p>Give:</p> <ul style="list-style-type: none">• Versed IN/IM/IV/IO <u>SO</u> to a max dose of 5mg (d/c if seizure stops) <u>SO</u>, MR x1 in 10" <u>SO</u>. Max 10mg total. |
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Note: If trauma related refer to S-139 and T-460 for disposition.

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Approved:



EMS Medical Director