Early Pregnancy Bleeding and/or Loss

< 20 weeks in the Emergency Department (ED)

\*\****To be used for every patient presenting to the ED with bleeding in early pregnancy.***

**1**

Triage Nurse:

* + Prioritize patients with heavy vaginal bleeding and/or severe cramping
	*(signs of imminent loss)*
	+ Provide to the patient:
		- Pads and mesh underwear as needed
		- Analgesia *(such as Tylenol)* as per your hospital policy/medical directives
		- Urine collection hat *(Nun’s cap)* to collect fetal remains/products of conception
		- Consider giving these materials in an opaque bag *(such as a brown paper bag)*to protect patient privacy and dignity
	+ Consider obtaining bloodwork
	*(such as CBC, Type and Screen, Beta-HCG)* as per your hospital policy/medical directives
	+ Ensure that the patient knows what to expect, and to return to triage if bleeding/pain worsens and/or they need anything

Primary Nurse:

* + Attempt to have the same nurse care for this patient throughout their stay
	+ Advocate to put patient in a room that has a bathroom attached or nearby
		- Consider a room without an automatic flushing toilet or provide patient with
		Nun’s cap *(urine hat)* to allow for collection of fetal remains/products of conception
	+ Provide to patient (if not already done at triage)
		- Pads and mesh underwear as needed
		- Analgesia as ordered
	+ Obtain bloodwork as ordered *(if not already done at triage)*
	+ Keep patient updated on what is happening/what to expect

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**NURSING CARE CHECKLIST**

Primary Nurse *continued:*

* + Offer to call a partner or support person if patient desires
		- Include partner or support person when sharing information or disclosing diagnosis, if patient desires
	+ Supportive comfort measures:
		- If bedside ultrasound (POCUS) completed, a photo of the ultrasound could be sent to patient’s E-chart or offer to the patient to take a photo of the ultrasound on their own phone *(memory keepsake)*
		- Mirror the patient’s language when referring to their pregnancy *(e.g. if the patient uses the term “baby,” use the term “baby,” not “fetus” or “products of conception”)*
		- Small things have big impact *(warm blankets, pillows, phone chargers, etc.)*
		- Remember: Miscarriage is a medical and emotional emergency

Discharge Pathways:

Option A:

Upon Discharge for Threatened Miscarriage *(not confirmed)*:

* + Give “Bleeding in Early Pregnancy Patient Information Package”
	+ Discuss warning signs to return to ED:
		- Severe abdominal pain unrelieved by analgesia
		- Syncope or presyncope
		- Very heavy vaginal bleeding
		*(soaking more than 3 pads in 3 hours)*
		- Fever, chills
		- Foul smelling vaginal discharge
	+ Advocate for a work note
	+ Encourage to follow up with primary care provider
	+ Make sure all applicable referrals are made and patient has the information
	*(such as referral to a local early pregnancy evaluation clinic, if applicable)*

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**2**

NOTES:

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**3**

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Discharge Pathways *continued:*

Option B:

Upon Discharge for Confirmed or Completed Miscarriage:

* + Give the “Early Pregnancy Loss Patient Information Package”
	+ Discuss warning signs to return to ED:
		- Severe abdominal pain unrelieved by analgesia
		- Syncope or presyncope
		- Very heavy vaginal bleeding
		*(soaking more than 3 pads in 3 hours)*
		- Fever, chills
		- Foul smelling vaginal discharge
	+ Advocate for a work note
	+ Advocate for analgesia prescription, and discuss pain management considerations
	with the patient
	+ Consider offering a referral to ED social worker, with patient consent
	+ Consider offering a referral to PAIL Network, with patient consent
		- Health care provider can refer, or the patient can self-refer
		*(Go to* <https://pailnetwork.sunnybrook.ca/healthcare-professionals/referral/>*)*
	+ Encourage to follow up with primary care provider
	+ Make sure all applicable referrals are made and patient has the information
	*(such as referral to a local early pregnancy evaluation clinic, if applicable)*