Assessment and Emergency Care of Gynecologic Emergencies

Scene Size-up

Scene Safety	Ensure scene safety and safe access to the patient. Be aware of potential violence or the possibility of a crime scene and call for law enforcement. If sexual assault is suspected, a same-sex EMT should be available to perform the assessment and provide care. Standard precautions should be taken because gynecologic emergencies often involve blood and body fluids. Determine the number of patients, and assess the need for additional resources. Pay close attention to the patient and the surroundings. Look for medications and signs of drug or alcohol use and note the condition of the living environment and whether the patient lives alone.
Mechanism of Injury (MOI)/ Nature of Illness (NOI)	Determine the MOI/NOI. Observe the scene and look for indicators that will assist you in determining the MOI/NOI. The nature of the problem may not be readily apparent until more information is gathered.

Primary Assessment

Form a General Impression	Your assessment of a patient with a gynecologic emergency should begin at the door. Perform a rapid scan to ascertain if the patient's condition is stable or unstable. Note the patient's behavior and the surroundings. Observe the patient's age and body position. Is the patient sitting, hunched over, or shuffling around (which may indicate pelvic inflammatory disease)? Determine the level of consciousness using the AVPU scale. Identify immediate threats to life. Determine the priority of care based on the MOI/NOI. If the patient has a poor general impression, call for advanced life support assistance. A rapid visual examination will help you identify and manage life threats; keep alert for signs of shock.
Airway and Breathing	Ensure the airway is open, clear, and self-maintained. Unresponsive patients will need the airway opened and maintained using a modified jaw-thrust manuever, especially if a spinal injury is suspected. For nontrauma patients, perform a head tilt-chin lift manuever. A patient with an altered level of consciousness may need emergency airway management. Consider inserting a properly sized oropharyngeal or nasopharyngeal airway. Evaluate the patient's ventilatory status for rate and depth of breathing, respiratory effort, and tidal volume. Administer high-flow oxygen at 15 L/min, providing ventilatory support as needed.
Circulation	Observe skin color, temperature, and condition; look for life-threatening vaginal bleeding, and treat accordingly. Evaluate distal pulse rate, quality (strength), and rhythm. Tachycardia may be an indicator of compensated shock. Treat for shock by placing the patient in a supine position, elevate the legs, maintain body temperature, and continue oxygen administration.
Transport Decision	If the patient has an airway or breathing problem, signs and symptoms of bleeding, or other life threats, manage them immediately and consider rapid transport, performing the secondary assessment en route to the hospital. Sexual assault patients may feel uneasy during the physical examination; remain calm, and be supportive and empathetic. It is a good idea to have a same-sex care provider in the back of the ambulance with you.

NOTE: The order of the steps in this section differs depending on whether the patient is conscious or unconscious. The following order is for a conscious patient. For an unconscious patient, perform a primary assessment, perform a rapid full-body scan, obtain vital signs, and obtain the past medical history from a family member, bystander, or emergency medical identification device.

Assessment and Emergency Care of Gynecologic Emergencies, continued

History Taking

Investigate Chief Complaint	Investigate the chief complaint. Necessary questions may be very personal; ensure patient privacy while remaining sensitive to the patient's feelings. Ask OPQRST and SAMPLE questions. SAMPLE can also be obtained from family, bystanders, and medical alert tags. Ask the patient about the use of birth control medications or birth control devices. Ask about the possiblity of the patient being pregnant, when her last menstrual period was, and the possibility of a sexually transmitted disease. Does the patient have any burning with urination? Is there an unusual discharge or foul odor? If vaginal bleeding was the chief complaint, ask about the number of pads she has already used.

Secondary Assessment

Physical Examinations	If the patient is unconscious, perform a systematic full-body examination beginning with the head, looking for DCAP-BTLS. Assessment should be rapid if the patient has a poor general impression. Patients may feel threatened or embarrassed by your presence and actions during a gynecologic emergency. Remain empathetic and professional at all times. Obtain consent before attempting any examination or procedure, and explain what you are going to do. Vaginal bleeding or vaginal discharge should be observed if possible.
Vital Signs	Obtain baseline vital signs. Vital signs should include blood pressure by auscultation, pulse rate and quality, respiration rate and quality, and skin assessment for perfusion. Note the patient's level of consciousness. Use pulse oximetry, if available, to assess the patient's perfusion status. Tachycardia or hypotension may indicate hypoperfusion.

Reassessment

Interventions	Repeat the primary assessment, checking the vital signs and chief complaint. Vital signs should be repeated every 5 minutes if blood loss is suspected to identify hypoperfusion. Place the patient in a position of comfort unless shock is suspected, then place the patient supine and treat accordingly. If the patient has vaginal bleeding, do not insert anything into the vagina; instead, use external pads and treat for shock. Keep the patient warm, and provide supplemental oxygen even if the patient is not experiencing difficulty breathing. If the patient was sexually assaulted, limit the physical examination and treat only life-threatening injuries.
Communication and Documentation	Contact medical control/receiving hospital with a radio report. Many hospitals require a sexual assault nurse examiner be notified and separate treatment areas provided for sexual assault cases. Include a thorough description of the MOI/NOI and the position the patient was found in. Include treatments performed and patient response. Be sure to document the patient's distress, answers to your questions, attitude toward emergency care providers, any changes in patient status, and the time. Document the scene observations on your arrival. Follow local protocols. Documentation of a sexual assault case needs to be concise, including statements made by the patient in her own words, without inserting your own opinion of what happened. Record injuries noted, scene findings, and the patient's emotional state.

NOTE: Although the steps that follow are widely accepted, be sure to consult and follow your local protocols. Take appropriate standard precautions when treating all patients.

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Gynecologic Emergencies

General Management of Gynecologic Emergencies

Managing life threats to the patient's ABCs is the primary concern with any gynecologic emergency. Gynecologic emergencies are rarely life threats, but always be alert for signs and symptoms of shock and manage as per local protocol. Women of childbearing age complaining of abdominal pain may have a life-threatening obstetric emergency. Vaginal bleeding should be controlled with pads placed on the external genitalia. Do not remove tampons the patient may have placed prior to EMS arrival. Other gynecologic emergencies EMS may be called for often involve a disease-causing organism. Signs and symptoms range from abdominal pain, lower back pain, pain with intercourse, burning during urination, fever, general malaise, "fishy" foul-smelling vaginal discharge, and bleeding. Remain compassionate to the patient's situation, maintain the patient's privacy, and transport to the appropriate medical facility.