

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

HEMORRHAGE (NON-TRAUMATIC)

FIRST RESPONDER

I. Management

- A. Establish and maintain the airway, provide oxygenation and support ventilation.
- B. Obtain vital signs (blood pressure, pulse and respiratory rate).
- C. Vaginal Bleeding
 - 1. If vaginal bleeding and signs of shock¹ refer to Shock Parameter.
 - 2. If vaginal bleeding and late term pregnancy, place in left lateral recumbent position.² Refer to Obstetrical Emergencies Parameter.

BASIC LIFE SUPPORT

- D. Arrange for ALS intercept.
- E. Initiate transport towards ALS intercept, if transporting unit.

NOTIFY RECEIVING FACILITY

ADVANCED LIFE SUPPORT

- F. Monitor EKG
- G. Special considerations to include nosebleed, post-op bleed, post dialysis bleed, etc.
 - 1. **IV NORMAL SALINE**
 - a. Large bore catheter at least 18g
 - b. **UNLESS PATIENT IS IN PULMONARY EDEMA**, Run wide open until BP is 90-100 mmHg systolic or 1500cc infused, then maintain flow at 100cc per hour.

CONTACT MEDICAL CONTROL

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

- H. Possible orders post radio contact:
1. Possible administration of additional IV fluids

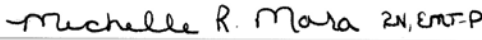
¹ Signs of shock = tachycardia, hypotension, agitation, anxiety, skin pale, ashen, cool and moist, shortness of breath.

² Products of conception passed by patient with vaginal bleeding should be brought to the Emergency Department

MDCIS/EMSCC Approved on: _____
MCB/MCA Approved on: <u>11DEC06</u>
Supersedes Version Dated: <u>01NOV03</u>
Effective Date: <u>29MAY08</u>
Revised on: <u>12DEC07</u>



Medical Director



Michelle R. Mara RN, EMT-P
EMS Manager