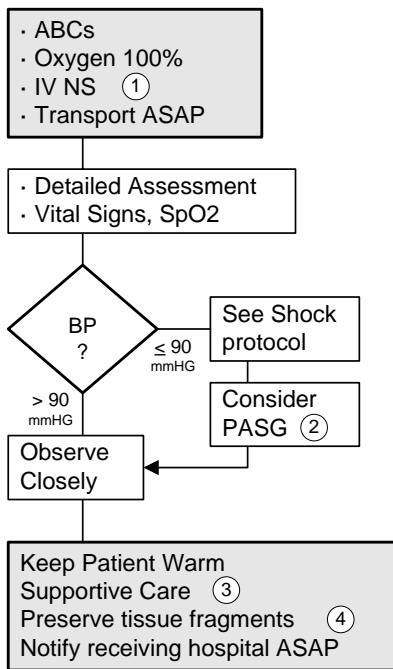



Vaginal Bleeding

ILS Protocol



- Possible causes:
- Miscarriage
 - Trauma
 - Infection
 - Placenta previa
 - Abruptio placenta
 - Ectopic pregnancy

-  Document:
- Gravida ⑤
 - Para ⑥
 - Estimated Blood Loss
 - Color of Blood
 - Presence of Tissue
 - Last Menstrual Period
 - Possibility of Pregnancy
 - Possibility of Assault
 - Vital Signs, SpO2
 - Detailed Assessment

- 1 Large-bore IV. If bleeding is significant start a second IV and adjust IV flow rate to patient condition. If hypotensive, give a fluid bolus of 250-500 cc BSS.
- 2 PASG: Do not inflate the abdominal compartment. Inflating leg compartments may be helpful. Contact Medical Control before applying PASG in this scenario.
- 3 If possibility of assault exists maintain chain of evidence and, if possible, have a female attendant in the patient care area.
- 4 Collect tissue fragments and blood if present.
- 5 Gravid: pregnant, heavy with child. Record the number of times the patient states she has been pregnant, i.e., Gravida, 3 indicates the patient has been pregnant 3 times, including her current pregnancy if she is pregnant at the time of the exam.
- 6 Para: this is the number of live, viable births she has delivered.