



Patient Care Services Policy

Effective: 12/12	Policy #:
Revised:	Responsibility: Trauma
Reviewed: 12/12	Person reviewing: Stephanie Sanchez, RN, BSN
Dept Mgr:	Approved:
(Signature) (Date)	(Signature) (Date)
SUBJECT: Care of the Pregnant Trauma Patient	

POLICY:

1. To define guidelines to be applied to the initial evaluation of the pregnant patient who has sustained a traumatic injury.
2. To coordinate the activities of the obstetric service, the trauma service and the emergency medicine service.

All trauma patients known to be pregnant should be trauma designated to YVMH. If a patient is discovered to be pregnant, and is at YR, transfer to YVMH will be at the discretion of the trauma surgeon and obstetrical service.



Patient Care Services Policy

Effective: 12/91	Policy #: ED-016
Revised:9/93;1/96;8/99;9/00;5/02;5/04;4/06;1/08;5/11; 4/13	Responsibility: Emergency
Reviewed: 5/11; 4/13	Person reviewing: Stephanie Sanchez, RN, BSN
Dept Mgr:	Approved:
(Signature) (Date)	(Signature) (Date)
SUBJECT: MANAGEMENT OF PREGNANT PATIENTS IN THE EMERGENCY DEPARTMENT	

PURPOSE: To accurately assess obstetrical status of pregnant or postpartum (delivered with infant) patients presenting to the Emergency Department.

POLICY:

All pregnant patients will be evaluated in the ED by a physician.

1. Pregnant patients less than 20 weeks gestation will be evaluated as gynecological patients.
2. Pregnant patients greater than 20 weeks gestation presenting with cramping or bleeding or signs of labor will be evaluated as an obstetrical emergency. Determination will be made by the ED provider for transfer to an appropriate facility per EMTALA for delivery.
3. If a patient presents to the ED following an out- of –hospital birth, mother and baby will be transferred to an appropriate facility per EMTALA after stabilization.