	Trauma Services	No. 4054
	Title: Obstetrical Trauma- Shared	Page: 1 of 2 Effective Date: 12/16/2019

PURPOSE:

To provide optimal care of the trauma patient of approximately 20 weeks or more gestation.

POLICY STATEMENT:

For patients who meet trauma criteria, and are pregnant > 20 weeks, an OB nurse and OB physician supplement the adult trauma team during the resuscitation process. The OB nurse will transport fetal monitoring equipment to the trauma room, and is responsible for providing fetal monitoring throughout initial resuscitation and diagnostic testing as indicated.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):

WakeMed adopts the following policy & procedures for WakeMed Raleigh and WakeMed Cary.

WHO SHOULD READ THIS POLICY:

This policy shall be read by department supervisors, managers, directors, and administrators. Furthermore, any individual considering issuing, revising, assisting in the drafting of, or archiving a policy.

PROCEDURES:

- I. The Labor and Delivery Department and the Emergency Department will work collaboratively to provide outstanding and compassionate care to pregnant customers who seek our services.
- II. The patients will be triaged as follows:
 - a. **Gestational age >= 20 weeks -**
 - i. OB Trauma will be activated based on established criteria.
 1. Trauma One/Trauma Alpha - OB Attending/Resident (Raleigh campus), OB Hospitalist (Cary campus) and OB nurse will respond for assessment during activation. Assessment will include fetal heart monitoring.
 - a. Fetal heart monitoring may occur for a minimum of 20 minutes unless discussion to discontinue is held between the Trauma Attending and OB Attending/OB Hospitalist.
 2. Trauma Alert/Trauma Bravo – OB Hospitalist (Cary campus) and OB nurse will respond for assessment during activation. Assessment will include fetal heart monitoring.
 - a. Fetal heart monitoring may occur for a minimum of 20 minutes unless discussion to discontinue is held between the Trauma Attending and OB Attending/OB Hospitalist.
 - b. During initial assessment if a pelvic fracture, femur fracture, fetal heart rate <110 for 60 seconds or longer, or any other concerns are found then the patient will be upgraded to an OB Trauma One/Alpha.
 - ii. If gestational age is determined to be <23 weeks, either by bedside


Origination date: 12/31/1998

Prepared by: MGR, TRAUMA PROGRAM

Approved by: MEDICAL DIR TRAUMA - CARY, MEDICAL DIR TRAUMA - RALEIGH

Reviewed: 12/16/2019

Revised: 12/16/2019

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- ultrasound performed by OB or review of previous medical records, fetal monitoring may be discontinued.
 - iii. OB trauma patients cleared by the Emergency Department physician/ Trauma Services may be further evaluated in OB ED, L&D, or discharged home.
 - b. Gestational age <20 weeks:**
 - i. OB Trauma will not be activated. May be activated as adult trauma based on criteria.
 - ii. Emergency Department physician will evaluate first and consult Trauma Services or OB as indicated.
 - iii. Trauma patients cleared by the Emergency Department physician/ Trauma Services may be further evaluated in OB ED, L&D, or discharged home.
 - c. Self-Presenting patients to OB ED**
 - i. Evaluation by OB hospitalist to determine need for Trauma consult
 - ii. If consulted, Trauma service evaluates for need for activation.
 - iii. Any activation will be moved and based in the Trauma Room.
 - iv. Only gestational age >20 weeks will be called OB Trauma
- III. Once a determination is made for the patient to go to OB, they do not return to the Emergency Department. If questions arise, call the Attending, OB resident or APP for decision (regarding place of treatment).
 - a. If the patient requires hospitalization and is in need of critical care level services, she will be cared for in the appropriate critical care unit with fetal monitoring supported by the OB staff as needed.
 - b. If the patient requires floor admission she may be admitted to the women's care unit with support from the surgical floor as requested.
 - c. Trauma patients, pregnancy >20weeks, may be monitored for a minimum of 4 hours in OB ED or L&D with the OB service.
- IV. Trauma Services and OB will collaborate regarding Rhogam administration.
- V. Fibrinogen will be drawn on all OB Trauma One/Alpha patients.

THIS POLICY IS CROSS REFERENCED IN:

I. ASSOCIATED DOCUMENTS

- a. [Patient Status Determination Trauma Activation- Shared](#)
- b. [Trauma One Evaluation-WMR](#)
- c. [Trauma Alert Evaluation-WMR](#)
- d. Trauma Alpha Evaluation- Cary
- e. Trauma Bravo Evaluation- Cary
- f. [Obstetrical Patients in Emergency Services](#)

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Revised: 12/16/2019