Policy Statement
A. All Level I and II A pregnant trauma patients will have fetal heart tones monitored during resuscitation if patient is >20 weeks or if gestational age is unknown. Level IIE and III patients will have fetal heart tones monitored as needed. The ED staff will monitor fetal heart tones via doppler or confirmed by ultrasound within 15 minutes of arrival and on an ongoing basis as determined by the Emergency Medicine, Trauma and OB/GYN team.

Equipment
A. Doppler
B. Ultrasound
C. Toco Monitor

Key Reference Numbers for contacting OB team.
- OB/GYN Consult Pager: 294-1343

Procedure
A. Assessment
   1. Follow Pregnant Trauma Patient Algorithm (see below) for notification and disposition process.
B. Plan
   1. Prepare equipment and patient.
   2. Explain procedure to patient/significant other.
C. Implementation
   1. ED staff will monitor fetal heart tones via Doppler or via ultrasound confirmation within 15 minutes of arrival and on an ongoing basis as determined by the Emergency Medicine, Trauma and OB/GYN team. For Level IIE and III patients, the ED staff will obtain fetal heart tones via doppler or confirmed by ultrasound within 15 minutes of the patient’s arrival and on an ongoing basis as determined by the Emergency Medicine, Trauma and OB/GYN team.
   2. The L&D team will provide the ongoing monitoring for patients requiring continuous monitoring in the ED via toco monitoring with an appropriately trained L&D nurse.
   2. If cleared by physician, place patient in the left lateral tilt position. (May place towel roll under the patient’s right hip area)
D. Evaluation/Documentation
   1. Document fetal heart tones within 15 minutes of arrival and on an ongoing basis as determined by the Emergency Medicine, Trauma and OB/GYN team. (Also document maternal heart rate.)
   2. Document patient’s response and tolerance of the procedure
E. Patient/Significant Other Teaching
   1. Answer any questions raised.
Resources/References
Barnes Jewish Hospital ED Policy: Care of the Pregnant Patient
Jennifer Williams, PhD, RN, ACNS-BC
Dr. Brent Ruoff, Chief, Emergency Medicine,
Dr. Chandra Aubin, Emergency Medicine
Dr. Alison Cahill, Obstetrics & Gynecology, Maternal Fetal Medicine
Dr. Douglas Schuerer, Medical Director, Trauma Services
Julie Nash RN, MSN, Trauma Program Manager
Cristina Loomis RN, Clinical Supervisor, Trauma Services

Approval  Dr. Douglas Schuerer, Medical Director, Trauma Services  Date of Approval 10/2014
Pregnant Trauma Patients

ED Triage per Trauma Leveling Criteria

- If Level I-Activate Level One Group Page and call the L&D Green Team
- If Level II A-Activate Level II A Group Page and call the L&D Green Team
- Level IIE and III-Cleared by ED, after evaluation, to go to L/D for monitoring. Contact Trauma for patient admission

ED Evaluation & Resuscitation

All pregnant trauma patients will have fetal heart tones monitored during resuscitation if patient is >20 weeks or if gestational age is unknown. The ED staff will monitor fetal heart tones via doppler or ultrasound within 15 minutes of arrival and on an ongoing basis as determined by the Emergency Medicine, Trauma and OB/GYN team. Fetal heart tones should be documented.

Multiple injuries or physiologic instability?

- Yes
  - Admit to Trauma Service (OB/GYN to follow as consult)
- No
  - No major injury or solitary minor injury. Need for maternal fetal monitoring?
    - Yes
      - Admit to OB/GYN Service (Trauma will continue to follow as consult)
    - No
      - Discharge To home with follow-up with patient’s OB/GYN Physician

Care of the Pregnant Trauma Patient

Important Numbers:
- Green Team pager 294-1343
- OB Attending Phone # 659-0556
- OB Fellow Phone # 659-0549

Please Note: EM Attending to consult both OB and Trauma Attendings regarding patient admission for those >20 weeks

New 6/98
Revised- 6/98, 7/02, 8/05, 12/06, 1/08, 11/08, 01/10, 3/10, 5/11, 10/13, 10/14, 11/15