

## **Early pregnancy pain and bleeding scan confirming IUP**

### **Fast track pathway for discharge from A&E out of hours (1900-0800)**

Patient assessed as always with history and examination including speculum and bimanual examination (no need for routine bloods unless indicated – see below)

#### **Eligible criteria:**

Patient is pregnant and <18 weeks and has a scan confirming IU pregnancy.

Has lower abdominal pain and/or bleeding PV

No gastrointestinal or urinary symptoms

Observations are stable and pain manageable and does not need morphine or IV analgesia

Bleeding not heavier than a period

Abdominal exam – no acute abdomen- (no tenderness, rebound or guarding)

Bimanual examination reveals no adnexal tenderness or cervical excitation

#### **Exclusion criteria:**

Observations abnormal, bleeding heavier than a period .

Suspected rupture of membranes (PV loss of clear fluid)

Signs of acute abdomen (consider surgical review before gynae review)

#### **Pathway:**

If patient is 15 weeks or over listen to FH with sonicaid. If FH heard reassure and discharge and advise to see GP if bleeding and or pain persistent.

If 15 w or over and FH not heard call maternity reception and book scan via maternity reception for next day. (if scan not available for next day DW gynae SHO)

If under 15 weeks book for non-urgent scan via maternity reception within 48 hours.

#### **Patients having exclusion criteria should be seen by Gynae SHO ASAP**

**Note on Investigations:** HB to be done only if bleeding is heavier than a period.

WCC and CRP only needed if signs of infection (temperature, or tachycardia or acute abdomen)

Vaginal swabs only needed if patient has green/yellow PV discharge or foul smelling PV discharge