Emergency Department-Gynaecology Interface Guideline

This guideline should be read in conjunction with "Pregnant women presenting to the ED"

The Women's Diagnostic Unit is on Level 3 Kenwood Wing (opposite Neonatal Unit)- and includes the functionality of the previous GAU and EPAU.
Ex 3786/ 3069.

All Emergency Gynae referrals should go to the Gynae Reg- Bleep is 3040.

Bleeding and/ or Abdominal Pain in Early Pregnancy (up to 12 weeks)

Direct referrals to WDU (previously know as GAU) from Triage (08.00-19.15- last referral at 19:00)

PVB with **+ve BhCG** in gestations up to 12 weeks

- Haemodynamics are normal
- Pain-controlled
- PV blood loss not more than a heavy period
    - Once accepted on Ex4860/ 3786 these patients can be moved to WDU without IV access or bloods and should go directly from triage without delay.

All other patients must be assessed by an ED/ Gynae doctor in Majors and should have

- Complete Hx & Ex including Speculum & Bimanual (+triple swabs)
- IV access
- Any required resuscitation and **analgesia**

Out of (WDU) hours PVB with +ve BhCG

Must all be triaged to Majors for Hx & Ex by an ED/ Gynae doctor.

The following patients should be referred to the Gynae Registrar on-call after any required resuscitation & pain control by ED

- History of collapse
- Uncontrolled pain or bleeding
- Clinical evidence of shock/ abnormal haemodynamics

These patients should be seen in Majors or Resus.

Patients suitable for discharge (ie do not fit any of the above criteria) should have a WDU appointment arranged for the next day – this can be booked on PAS (code KVGA or KVEP)- please advise the patient that this is the estimated time they will be seen.

If there is any clinical concern about these patients they should be discussed with the ED middle grade +/- Gynae Reg.

Hyperemesis

May be suitable for management on Isis/ WDU for ambulatory care including the following

- Urine dipstick, BM, U&E
- IV rehydration (0.9% saline)
- Thiamine replacement (Pabrinex I+II iv) + Folic Acid 5mg po
- Anti-emetics
    - cyclizine 50mg iv,
    - metoclopramide 10mg iv,
    - stemetil 20mg po then 10mg po after 2h
- Dietary advice including re-introduction of small and frequent meals
- Organisation of early pregnancy scan
    - *This is important to detect multiple pregnancies/ molar pregnancies*
- Repeat observations and urine dipstick

Watch out ectopic pregnancy presenting with diarrhoea & vomiting due haemoperitoneum.

The following patients should be referred to the Gynae Reg for review/ admission

- Unresponsive to fluid bolus- persistent tachycardia or > 1+ ketonuria
- Persistent severe vomiting despite anti-emetics
- Severe electrolyte abnormality
- Symptoms/ signs of sepsis
- Evidence of malnutrition or weight loss

Other Gynae Emergency Presentations which can be referred to WDU from Triage

- Batholin's abscess/ cyst
- Gynae surgery in last 14 days (unless requiring resuscitation)

No patient who has collapsed, has abnormal observations or uncontrolled pain or bleeding should be moved from the ED unless this is to ICU or Theatres.

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