

**BARNES-JEWISH HOSPITAL  
TRAUMA SERVICES POLICIES/PROCEDURES**

**TITLE:** Care of the Pregnant Trauma Patient

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**SUBMITTED/REVIEWED BY:** Julie Nash, RN, MSN, Manager  
Trauma Services

**LAST REVIEWED/REVISION DATE:** October, 2014

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**Policy Statement**

A. All Level I and IIA 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
- 3. Document patient's disposition.

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

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### Important Numbers:

Green Team pager 294-1343

OB Attending Phone # 659-0556

OB Fellow Phone # 659-0549

## 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

**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