

	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.1.26 Prolapsed Cord	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Treatment goals of the pregnant patient in which the prolapsed cord is presenting is to protect the baby from injury, oxygenation of mother and baby, (if possible) slowing delivery, advanced life support, and immediate transportation of patient to the appropriate facility.

1. Maintain universal blood and body substance precautions.
2. Baseline care standards.
3. Administer high flow oxygen with a non-rebreather mask at 15L per minute.
4. Attach cardiac monitor and pulse oximeter.
5. Establish one large bore IV of NS to maintain systolic pressure > 90 mmHg.
6. Place mother in a position that removes pressure from the cord. Patient should be placed with her head down and her hips elevated to lessen the pressure on the cord.
7. Encourage mother to pant and to withhold from pushing during contractions.
8. With a gloved hand, insert several fingers into the vagina to gently push the baby off the cord. Maintain position while in route to the hospital. Do not remove hand until cleared by physician.
9. Apply moist, sterile dressing to any portion of the cord that is visible outside the vagina.
10. Do not attempt delivery.
11. Do not pull on the cord.
12. Do not attempt to push the cord back into the vagina.
13. Transport with lights and sirens to the nearest appropriate facility.
14. Inform hospital as soon as possible of your patient so they can prepare for arrival.

Medical Director's Signature

Date

Disclaimer:

The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission.