

	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.1.17 Miscarriage	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Treatment goals include ensuring adequate oxygenation and perfusion, treating for shock, and providing safe rapid transport of the patient to the appropriate care facility.

1. Baseline care standards.
2. Provide high flow oxygen via non-rebreather at 15 L per minute.
3. Secondary survey.
4. Establish IV of Normal Saline at 125 ml / hr.
 - If signs and symptoms of shock are present, infuse 500 to 1000 cc of fluid.
 - Lower the patient's head or raise the feet.
5. Monitor vital signs every 5 minutes.
6. Apply external vaginal pads or sanitary napkins.
 - Keep track of the number of sanitary napkins applied to estimate blood loss.
7. Bring any fetal tissue to the hospital.
8. Consider fluid bolus if patient has lost considerable blood or is orthostatic or hypotensive.
9. Position the patient in the left lateral recumbent position.
10. Record frequency, character and duration of contractions, fetal heart tones, blood pressure, and pulse every 15 minutes if the fetus is not delivered.
11. If systolic BP >90 mmHG and patient is experiencing pain, administer:
 - *Morpine Sulphate 2 – 4mg IV PRN.*
12. Transport appropriately.
 - Also transport the fetus and any or all tissues passed per the vagina.

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.