

Clinical Access Service

First Trimester Vaginal Bleeding (< 12 weeks) Algorithm

Professional Responsible: Nurse clinician at the Clinical Access Service (CAS) of the Jewish General Hospital (JGH)

Patient Population: Patient referred by family physician/NP from the CIUSSS West-Central Montreal (CCOMTL) who is experiencing first trimester (< 12 weeks) vaginal bleeding

Send patient to Emergency department (ED) if any of these symptoms or conditions are present:	
- Fever $\geq 38^{\circ}\text{C}$, pulse $\geq 100/\text{min}$, $\text{SpO}_2 \leq 92\%$	- Dizziness or syncope
- Bleeding > 1 soaked sanitary napkin/hour (sn/h) for 3 hours (hrs) consecutively	- On therapeutic anticoagulation
- Acute abdominal pain unrelieved with oral analgesics	
**If the patient is between 12 – 19 weeks pregnant and has vaginal bleeding, please refer her to Obstetrical Ultrasound (U/S) and If the patient is > 19 weeks pregnant, please refer her to the JGH Family Birthing Center **	
Inclusion criteria for CAS:	
- Meets general eligibility criteria of the CAS	
- Pregnancy < 12 weeks with vaginal bleeding	
Redirect to:	
-Redirect to Early Pregnancy Assessment Clinic (EPAC) for management and follow-up of an ectopic pregnancy, a pregnancy of unknown location (PUL) or a failed intrauterine pregnancy demonstrated by ultrasound.	
Live intrauterine pregnancy, refer patient to ma grossesse or 811 option 3 to obtain GYNE/OBS	

DURING THE INVESTIGATION

- Send patient to ED if:
 - abdominal pain worsens;
 - fever $\geq 38^{\circ}\text{C}$;
 - vaginal bleeding > 1sn/h for 3hrs
- Immediate gynecology referral if:
 - $\beta\text{hCG} \geq 3500$ units/L with no intrauterine gestational sac \rightarrow probable ectopic

Referral form received and approved.
Telephone evaluation done by nurse.
Appointment at the Clinical Access Service booked.

Any findings that don't fall within the algorithm will be discussed with gynecology

Blood tests: CBC, βhCG , Type & Screen
Within 1-2 business days
If Rh negative \rightarrow administer WinRho within 72 hrs if possible (business days)*

$\beta\text{hCG} < 1200$ units/L

$\beta\text{hCG} \geq 1200$ units/L

$\text{BHCG} \leq 9$

$\beta\text{hCG} = 10 - 200$

$\beta\text{hCG} 200-1200$ units/L

Phone consult, urine pregnancy test in 1 week

Positive Negative

Bring in for serum BHCG within 1 week

Repeat βhCG in 1 wk

\downarrow βhCG

Spontaneous abortion likely

Appropriate bleeding 10 - 14 days

If bleeding persists after 2 weeks or no bleeding

Repeat Within 48-72hrs.

If $\text{BHCG} \geq 1200$, do u/s

EPAC or Gynecology consultation Within 48hrs and d/c from CAS

Repeat BHCG, LFT, Urea, Cre

Repeat U/S 7-10 days; if no fetal pole direct to EPAC

$\text{CRL} \geq 7\text{mm}$ & no FH present = Non Viable

U/S Within ≤ 72 hrs

Intrauterine Gestational sac present

No Yes

Fetal pole and/or yolk sac present

No Yes

Fetal heart rate present

No Yes

Viable pregnancy

D/C Clinical Access Service.
Summary with results, consult sent to referring MD/NP.
Back to referring physician's care

