

EMERGENCY DEPARTMENT POLICIES

SUBJECT:	Consults- OB/GYN	NO. 20.4
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Original Date of Issue: 2/21/90

Reviewed:	11//89	2//90	6/91	11/93	5/94	10/98	1/03
Revised:	3/96	11/96	9/99	5/00	10/02	4/06	4/07

Patient Population

Neonate	
Pediatric	√
Adolescent	√
Adult	√
Geriatric	

POLICY:

Adherence to the following guidelines will ensure appropriate and expeditious care of Emergency Department (ED) patients presenting with Obstetrics/Gynecological complaints and facilitate timely requests by the ED for consultation or referral.

IMPLEMENTATION:

1) Consultations - Medical Board Policy stipulates that consults to the ED shall be rendered by PGY 3's and 4's.

<p><u>Obstetric Complaint:</u></p> <p>>14 weeks – active labor suspected, abdominal pain or vaginal bleeding</p> <ul style="list-style-type: none"> ➤ If stable, notify Labor and Delivery ext. 45501. Transport patient with appropriate staff. ➤ Imminent delivery: Stat consult to ED ➤ Do not register unless triaged in Ibex for care in the ED. ➤ See Policy Ob-Gyn: <p>< 13 weeks – ED evaluation GYN consult as needed, beeper 1500</p> <p>Patients in whom it is agreed that patient monitoring in the OB clinic is appropriate must have stability documented on the chart and be discharged from the ED with a same day referral. Include name of senior resident on the referral slip.</p>	<p><u>Non-Obstetric Complaint</u></p> <p>> 20 weeks - ED evaluation with consultation with Senior, ext. 45501, to determine site and extent of fetal / maternal evaluation.</p> <p>< 20 weeks - ED evaluation with GYN consult, beeper 917 424-9962, if management in doubt or admission needed.</p>
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2. Clinic Referrals - previous patients or new patients who do not have a primary care provider and who require an emergent follow-up (two weeks or less) should be referred to the OB/GYN Continuity Clinic. Examples of emergent conditions include:

R/O ectopic pregnancy
Threatened abortion
Significant vaginal bleeding
PID
Suspected tumor (consider biopsy in ED)
3. Ultrasound - Official early pregnancy sonograms are the responsibility of Radiology except where credentials have been granted.

If there is a disagreement between the ED Attending and the Senior OB/GYN Resident as to how to manage the patient, the Resident will provide a contact number for the relevant OB/ Gyn Attending in a timely fashion.