THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

# NYC REMAC

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| Advisory No. | 2005-02 | | |
| Title: | Revised Advanced Life Support<br>Protocol 540: Obstetric Complications | | |
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| Supercedes: | N/A | Page: | 1 of 2 |

The Regional Emergency Medical Advisory Committee (REMAC) of New York City has revised Advanced Life Support Protocol 540: Obstetric Complications. The revision is limited to language changes in Medical Control option B.

**Medical Control Option B has been rewritten, as follows:** (New language is **double-underscored and bold**, deleted language is ~~**struck out and bold**~~)

OPTION B:

~~**For post-partum hemorrhage, administer Oxytocin 20 mU/min, IV/Saline Lock drip (if available). Prepare infusion by adding 20 U (2 ml) of Oxytocin to 1000 ml of Normal Saline (0.9% NS) or Ringer's Lactate (RL) (20 mU/min = 60 ml/hr = 15 gtts/min). If there is insufficient improvement in control of post-partum hemorrhage, the infusion rate may be increased until the desired therapeutic effects are achieved or adverse effects appear. (Maximum dosage is 40 mU/min, IV/Saline Lock drip.)**~~

**For post-partum hemorrhage, administer Oxytocin 20 mU/min, IV/Saline Lock drip (if available). Prepare infusion by adding 5 U (0.5 mL) of Oxytocin to 250 mL of Normal Saline (0.9% NS) or Ringer's Lactate (RL); using a microdrip administration set (20 mU/min = 60 gtts/min = 1 gtts/sec). If there is insufficient improvement in control of post-partum hemorrhage, the infusion rate may be increased until the desired therapeutic effects are achieved or *adverse effects* appear. (Maximum dosage is 40 mU/min, IV/Saline Lock drip.)**

**Begin rapid IV/Saline Lock infusion of Normal Saline (0.9% NS) or Ringer's Lactate (RL) via one to two large bore (14 – 16) gauge catheters, up to 3 liters, via a macro-drip administration set.**

Attached is a copy of the revised ALS Protocol # 540 – Obstetric Complications.

**Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.**

***This revised protocol revision will be effective July 1, 2005.***

Lewis W. Marshall, Jr., MD, JD
Chair
Regional Emergency Medical Advisory Committee of New York City

**540**

## OBSTETRIC COMPLICATIONS

***For patients with severe pre-eclampsia, eclampsia or post-partum hemorrhage:***

**NOTE: SEVERE PRE-ECLAMPSIA IS CHARACTERIZED BY A SYSTOLIC BLOOD PRESSURE OF 160 mmHg OR HIGHER, A DIASTOLIC BLOOD PRESSURE OF 110 mmHg OR HIGHER, AND/OR SEVERE HEADACHES, VISUAL DISTURBANCES, ACUTE PULMONARY EDEMA, OR UPPER ABDOMINAL TENDERNESS.**

1. Begin Basic Life Support Obstetric Emergencies procedures.
2. Begin an IV/Saline Lock infusion of Normal Saline (0.9% NS) to keep vein open, or a Saline Lock.
3. Contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

**MEDICAL CONTROL OPTIONS:**

OPTION A: For severe pre-eclampsia or eclampsia, administer Magnesium Sulfate 2 gm, IV/Saline Lock drip, diluted in 50 - 100 ml of Normal Saline (0.9% NS), over 10 - 20 minutes. If seizures develop, continue, or recur in transport, repeat Magnesium Sulfate 2 gm, IV/Saline Lock drip, diluted in 100 ml of Normal Saline (0.9% NS), over 10 - 20 minutes.

OPTION B: For post-partum hemorrhage, administer Oxytocin 20 mU/min, IV/Saline Lock drip (if available). Prepare infusion by adding 5 U (0.5 mL) of Oxytocin to 250 mL of Normal Saline (0.9% NS) or Ringer's Lactate (RL); using a microdrip administration set (20 mU/min = 60 gtts/min = 1 gtts/sec). If there is insufficient improvement in control of post-partum hemorrhage, the infusion rate may be increased until the desired therapeutic effects are achieved or *adverse effects* appear. (Maximum dosage is 40 mU/min, IV/Saline Lock drip.)

Begin rapid IV/Saline Lock infusion of Normal Saline (0.9% NS) or Ringer's Lactate (RL) via one to two large bore (14 – 16) gauge catheters, up to 3 liters, via a macro-drip administration set.

**NOTE: DO <u>NOT</u> ADMINISTER OXYTOCIN IF THE PLACENTA HAS NOT BEEN COMPLETELY EXPELLED, OR SIGNS OF PRE-ECLAMPSIA OR ECLAMPSIA ARE PRESENT.**

**FAILURE TO RESPOND TO OXYTOCIN MAY INDICATE THAT PLACENTAL REMNANTS, OR AN UNDELIVERED TWIN, REMAIN WITHIN THE UTERINE CAVITY.**

OPTION C: Transportation Decision.