

APPENDIX – SUSPECTED ECTOPIC

Management Plan: ref NICE CG 126;

<https://www.nice.org.uk/guidance/ng126/chapter/Recommendations>

Date:	Time:	Patient contact no:		
A	Maternal Obs	HR > 100bpm Systolic < 100mmHg Diastolic < 60mmHg Collapse Severe pain > 8/10	MOVE TO RESUS in ED or TRIAGE ASSESSMENT ROOM	In ED: immediate medical review and urgent referral to gynaecology In Triage: immediate review by gynaecology registrar
	Pulse			
	Systolic			
	Diastolic			
	Temp			
	Resps			
	O ₂ sat			
	Pain score			
Hb				

ABC of resus. FBC/G&S/coag. Urine bHCG. IV fluid. Analgesia.
Discuss management plan with Gynaecology Consultant on call.

	Triage Questions	Y/N	Triage Questions	Y/N
B	Pain Score $\geq 5/10$		IVF pregnancy	
	Heavy Bleeding (flooding/clots)		History of PID	
	Shoulder tip pain		Urinary symptoms	
	Rectal discomfort		Dizziness/fainting	
	≥ 2 episodes diarrhoea		Contraceptive coil	
	Repeat attendance ED/EPAS/GP		Previous tubal surgery	
	Previous ectopic		Learning/language barrier	

IF ANY YES: Review by gynaecology registrar. If admission necessary for observation/further management or if surgery is planned and patient is stable, transfer patient to ward 13/alert CEPOD.

IF ALL NO: Refer to EPAS for follow-up. Ensure FBC/U&E taken.

Note: DO NOT request serum bHCG unless directed by Gynaecology Consultant/Registrar. If uncertainty regarding need for admission discuss with consultant gynaecologist on call. Direct referral to EPAS in-hours, mat co-ordinator/triage MW to arrange if out-of-hours.

C	1	Ensure suitable to be discharged.
	2	Treat any probably UTI.
	3	Book EPAS appointment. Details to EPAS by co-ordinator/triage MW
	4	Give EPAS leaflet with phone numbers.

