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Canadian Family Medicine Clinical Card

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Major Problems >20 wks

BLEEDING

History	Management
<input type="checkbox"/> Amount, color, timing <input type="checkbox"/> Trauma <input type="checkbox"/> Urinary sx, constipation, hemorrhoids <input type="checkbox"/> Painful - ?abruption <input type="checkbox"/> Painless - ?friable cervix, ?previa	If heavy bleed: <input type="checkbox"/> cross-match, CBC <input type="checkbox"/> Rule out placenta previa (u/s) <input type="checkbox"/> Spec exam to locate source <input type="checkbox"/> Rh immune globulin for Rh-ve mothers

FLUID DISCHARGE

History	Management
<input type="checkbox"/> Amount <input type="checkbox"/> Color <input type="checkbox"/> Gush <input type="checkbox"/> Continuous leak	Avoid digital exam unless in labour Sterile spec exam for: a) pooling in posterior fornix b) fluid from os on cough c) nitrazine blue (false +ves: blood, infections, alkaline urine, semen) d) ferning If ROM confirmed: GBS prophylaxis

TRAUMA

History	
<input type="checkbox"/> Mechanism: MVC, Fall, Abdo Impact <input type="checkbox"/> Timing <input type="checkbox"/> Bleeding <input type="checkbox"/> Pain	
Continuous FHR Monitoring	
>1 contraction/15 min	24 hr
OR bleeding	
OR uterine pain	
None of the above	4 hr

CONTRACTIONS

History	Management
Term Labour: regular, increasing freq and intensity, stopping to breath through Preterm Labour: back pain change, discharge change, tocometer pattern Are contractions palpable?	If active labour, admit If not, consider reassess in 2 hr (multip) vs d/c with return precautions (nullip) Analgesia for maternal exhaustion Preterm: consider fetal fibronectin before digital exam

REDUCED FETAL MOVEMENT

If <6 distinct movements in 2 hours do NST

NST Results	Management
Abnormal	BPP ASAP Deliver at term
Normal but risk factors (HTN, DM, SGA, oligo) OR suspicion of IUGR/oligo	BPP within 24 hr
Normal but movements not felt in triage	Daily NST Induce at term

CORD PROLAPSE

Signs & Symptoms
Sudden FHR decel with ROM Cord visualized/palpated in vagina
Management - CALL FOR HELP
<input type="checkbox"/> Elevate presenting part with hand <input type="checkbox"/> Knee-chest or Trendelenberg <input type="checkbox"/> Do NOT replace cord <input type="checkbox"/> If cord outside vagina, cover with warm saline soaked cloth <input type="checkbox"/> Urgent Caesarean section

GENERAL SYMPTOMS

Symptom	Conditions to Consider
Abdominal Pain	Labour, preeclampsia, abruption, Chorioamnionitis, GERD, round ligament pain
Fever	Chorioamnionitis
Headache	Preeclampsia
Short of Breath	Preeclampsia, PE

CHORIOAMNIONITIS

Symptoms	Treatment - DELIVER	
Fever, abdominal pain, foul smelling vaginal discharge (often prolonged ROM)	Clindamycin Gentamicin	600 mg IV q8hr and 5-7 mg/kg IV q24hr
	Give both until afebrile for 48-72 hr post partum	