



CLINICAL GUIDELINE

EPAS, Fast Trak Protocol, Obstetrics & Gynaecology

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Does this version include changes to clinical advice:	N/A
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Approval Group:	Gynaecology Clinical Governance Group

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

PAIN &/ BLEEDING IN EARLY PREGNANCY PATHWAY. PILOT PROTOCOL. **ANY QUESTIONS 82838**

Patient Questionnaire & Information Leaflet given at reception?		
Urine HCG?		
Urinalysis?		
Offer oral paracetamol 1g if in pain		
A	HR > 100 Systolic < 100 Collapse? Pain Score 10/10	MOVE TO RESUS OR MONITORED BAY
		FOR REVIEW BY EM DOCTOR

B		
TRIAGE NURSE ASSESSMENT		IF ANY “YES” CONTACT GYNAECOLOGY ON-CALL 0900 – 1700 Page 17332 1700 – 0900 Page 17519 (If unable to contact phone 62249)
	Y N	
Pain Score > 6/10		
Heavy Bleeding (Flooding Pads / Passing Clots > 50p piece)		
Shoulder Tip Pain		
Rectal discomfort		
2 or more episodes of diarrhoea		
Repeat attendance to ED / EPAS / GP		
Previous ectopic		
IVF pregnancy or previous diagnosis of infertility		
Does the patient have a contraceptive coil?		
Any other cause for concern (nurse or patient i.e. learning difficulties, language barrier, poor social circumstances)		
IF ALL “NO” GO DIRECTLY TO C		

C FAST TRAK TO EPAS

If all responses to TRIAGE QUESTIONS are NO

OR

If discussed with Gyn-on-call & plan is for EPAS

OR

If initially triaged to Resus but settled without intervention & suitable for home

1	SEND SERUM HCG – DO NOT NEED TO WAIT FOR RESULT IF URINE HCG IS POSITIVE	
2	IS THERE ANY POSSIBILITY OF UTI? MAJORS DOCTOR TO PRESCRIBE ABX <ul style="list-style-type: none"> • Dysuria / suprapubic pain / increased frequency = Symptomatic UTI • Positive leukocytes or nitrites on urinalysis, no symptoms = Asymptomatic UTI (positive leukocytes alone would not normally be managed as UTI, only in pregnancy) 	
3	BOOK EPAS ON TRAK: NEW ORDER > OTHER > Search EPAS in ITEM (All EPAS referrals are phoned within 24 hours of referral)	
4	CHECK PATIENT TELEPHONE NUMBER	
5	ENSURE PATIENT HAS DISCHARGE ADVICE LEAFLET (this is a second information leaflet and different from the one given in the waiting room. It includes phone numbers for EPAS)	

DO NOT PRESCRIBE TRIMETHOPRIM

DO NOT PRESCRIBE NSAIDS

****CURRENTLY THE ED DOES NOT STOCK CEFALEXIN & OUTSIDE PRESCRIPTION IS REQUIRED****

Date	Drug	Dose	Frequency	Dr Signature	Duration
	Cefalexin if <u>asymptomatic</u>	500mg	Twice daily for 7 days.		7 days
	Nitrofurantoin if symptomatic or penicillin allergic	50MG	Twice daily for 7 days		7days