**CHECKLIST FOR EMERGENCY ROOM STAFF | FIRST TRIMESTER MISCARRIAGE**

**Acknowledge any potential upset/distress that the person may be feeling from the outset.**

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| **Reason for call** 🗹 | |
| What is your reason for concern/ this phone call – pain and/or bleeding? |  |
| **Pregnancy** | |
| Is this your first pregnancy? [Probe: What no. pregnancy is this; how many children at home?] |  |
| Have you had a positive pregnancy test? |  |
| How many weeks are you? |  |
| Have you been to the Early Pregnancy Assessment Unit (EPAU) in this pregnancy? If yes, what was said? |  |
| Have you had a scan in this pregnancy? |  |
| Was this a spontaneous, or fertility-assisted pregnancy? |  |
| When was your last previous pregnancy? [If applicable] |  |
| Have you had a previous miscarriage? If yes, when [if not volunteered]; were there any complications? |  |
| Have you had a previous ectopic pregnancy? |  |
| **Bleeding** | |
| How long has bleeding gone on? |  |
| Was the bleeding brought in by anything in particular / Is the bleeding provoked, i.e. postcoital? |  |
| Is the bleeding fresh red, pink or brown? |  |
| How heavy is the bleeding? What is it like compared with your usual period? |  |
| Are you soaking through a maternity pad? How quickly? (1 every 15 mins for >1 hour = heavy) |  |
| Any clots? Bad smell? |  |
| **Pain** | |
| Have you pain that you can’t control with paracetamol at home? |  |
| Pain score out of 10? |  |
| Where is the pain? |  |
| Have you any shoulder tip pain? |  |
| **Overall well-being** | |
| Have you any significant medical history (e.g. type 1 diabetes, history of recurrent miscarriage, infertility)? |  |
| **Support needs** | |
| Are you alone, or do you have a support person with you? Can someone bring you to hospital (if needed)? |  |
| Consider: do they need an ambulance transfer? (Bad pain, heavy bleeding, alone) |  |

**POSSIBLE ACTIONS (1 or 2)**

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| **1. Come to Emergency Room (ER)**  If they have:   * Heavy bleeding * Severe pain * Gastrointestinal symptoms * Ongoing pregnancy of unknown location management with change in symptoms * New symptoms or complications post medical or surgical management of miscarriage or expectant or medical management of ectopic pregnancy | Advise: Purpose of attending the ER is to ensure that they are clinically well and safe for outpatient management or, if unwell, that their care needs are to be escalated and they require admission and further investigation/treatment |  |
| Advise: What might happen in the ER: may or may not include scan (often too early, staff not certified to perform); what they need to bring with them (clothes; pregnancy tissue, if applicable); they may be waiting for a long time (depends on triage), with other pregnant women – this may be difficult |  |
| **2. Arrange an appointment for EPAU [contact EPAU or seek GP referral, depending on processes in place] and / or referral triaged by EPAU staff** | Advise that if anything changes, they can always phone again / come straight to the ER |  |
| Explain procedure for making EPAU appointment from ER - and timeframe chosen |  |

For more information/support: [Hospital website-pregnancy loss] | [www.pregnancyandinfantloss.ie](http://www.pregnancyandinfantloss.ie)