### BLS Patient Management

<table>
<thead>
<tr>
<th>APGAR</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Blue</td>
<td>Pink Core / Blue Extremities</td>
<td>Pink</td>
</tr>
<tr>
<td>Pulse</td>
<td>Absent</td>
<td>Slow</td>
<td>Fast</td>
</tr>
<tr>
<td>Grimace</td>
<td>Absent</td>
<td>Weak</td>
<td>Strong</td>
</tr>
<tr>
<td>Activity</td>
<td>Absent</td>
<td>Weak</td>
<td>Strong</td>
</tr>
<tr>
<td>Respiration</td>
<td>Absent</td>
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</tbody>
</table>

- Establish, maintain, and ensure:
  - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
  - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
  - C. Controlled bleeding using appropriate measures, as clinically indicated

- Oxygen
  - As clinically indicated. Titrate to maintain, or increase, SpO2 to a minimum of 94%. If the mother is experiencing complications, increase oxygen flow rate so that SpO2 greater than or equal to 98%.

- Attach ECG leads to the patient when a paramedic is present

- If delivery appears imminent, prepare for and/or perform an obstetrical delivery. **Public safety personnel may assist only, the team lead must be either an EMT, AEMT or EMT-P**

### ALS Patient Management

- Establish, maintain, and ensure peripheral IV and/or IO access for emergency stabilization
  - Consider the need for additional sites as clinically indicated

- Interpret and continuously monitor ECG, SpO2 and waveform / digital capnography

- **For shock associated with postpartum hemorrhage**
  - Adults: 250 mL IV/IO bolus. **MAY REPEAT AS CLINICALLY INDICATED TO A MAX ADMINISTRATION OF 2 L.**
  - Push Dose Epinephrine 0.01 mg (1 mL, 0.01 mg / mL concentration) IV/IO. **MAY REPEAT PRN EVERY 1-5 MINUTES TO MAINTAIN A SYSTOLIC BP GREATER THAN 90 MMHG.**

  **ADMINISTRATION OF TRANEXAMIC ACID (TXA) FOR POSTPARTUM HEMORRHAGING IS NOT PERMITTED.**
• **Manage complications as below**
  
  o Prolapsed cord: Position the mother as clinically indicated (i.e. – left lateral recumbent with legs / hips elevated or knees-to-chest). Remove pressure from the umbilical cord and protect it from damage by inserting a gloved hand into the vagina and gently pushing the presenting part off of the cord. Cover the exposed portion of the cord with a saline soaked dressing.

  o Breech presentation: Expedite transport to the closest facility with OB services as surgical delivery is clinically indicated. Position the mother as clinically indicated (i.e. – left lateral recumbent with legs / hips elevated or knees-to-chest).

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**Patient Disposition**

• **CONTACT A SINGLE BASE HOSPITAL IN ALL OBSTETRICAL DELIVERIES WITH ANY COMPLICATION OF CHILDBIRTH**