ED OBSERVATION UNIT:
OBGYN Protocol
NYC H+H KINGS COUNTY HOSPITAL CENTER

INCLUSION CRITERIA
• Women who have pain or abnormal bleeding due to fibroid uterus • Dysfunctional or abnormal vaginal bleeding with anemia • Pain, nausea, or vomiting secondary to uterine artery embolization (UAE) • Hyperemesis gravidarum with estimated gestational age of 20 weeks or less (with a confirmed IUP in our system)

EXCLUSION CRITERIA
• Hemodynamically unstable • Positive pregnancy test (Exception – Hyperemesis Gravidarum) • Fever of 101-degree or more Fahrenheit after UAE

INTERVENTION CRITERIA
• To be determined by GYN team in collaboration with Observation team • Transfuse PRBC as appropriate • Imaging studies and Medications as ordered by OBGYN team • Laboratory studies • Serial physical exams and laboratory studies • Administer pain medications and antiemetics medications • Other IV medications as recommended by the GYN team

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DISPOSITION CRITERIA
• To be determined by GYN team in collaboration with Observation team • Discharge to home if the patient has decreased uterine/vaginal bleeding and demonstrates hemodynamic stability after transfusion. • Discharge to home if patient's pain, nausea, and vomiting have improved • Discharged patient need to follow up with gyn physician no later than 2 weeks after discharge from the Observation unit • Discharged patients should be prescribed the appropriate medications like FeSo4, pain medications and oral anti-emetics.

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Sources

https://www.uptodate.com/contents/uterine-fibroids-leiomyomas-epidemiology-clinical-features-diagnosis-and-natural-history?sectionName=Heavy%20or%20prolonged%20menstrual%20bleeding&topicRef=5478&anchor=H5&source=see_link#H5

AMA	Spencer EB, Stratil P, Mizones H. Clinical and periprocedural pain management for uterine artery embolization. *Semin Intervent Radiol*. 2013;30(4):354-363. doi:10.1055/s-0033-1359729
MLA	Spencer, Elizabeth Brooke et al. “Clinical and periprocedural pain management for uterine artery embolization.” *Seminars in interventional radiology* vol. 30,4 (2013): 354-63. doi:10.1055/s-0033-1359729
APA	Spencer, E. B., Stratil, P., & Mizones, H. (2013). Clinical and periprocedural pain management for uterine artery embolization. *Seminars in interventional radiology*, *30*(4), 354–363. https://doi.org/10.1055/s-0033-1359729
NLM	Spencer EB, Stratil P, Mizones H. Clinical and periprocedural pain management for uterine artery embolization. Semin Intervent Radiol. 2013 Dec;30(4):354-63. doi: 10.1055/s-0033-1359729. PMID: 24436562; PMCID: PMC3835579

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