**Vaginal Bleeding**

**History**
- Last menstrual period
- Age
- Amount of bleeding (volume and duration)
- Trauma/sexual assault
- Comorbid illnesses/medications (e.g., hormone replacement, anticoagulants)
- Other bleeding/bruising
- Pregnancy possibility
- OB history
- Birth control use

**Signs and Symptoms**
- Dysuria
- Abdominal pain
- Vaginal discharge
- Fever/chills

**Differential**
- Pelvic inflammatory disease
- UTI/cystitis
- Endometrial cancer
- Pregnancy-related bleeding, including ectopic
- Dysfunctional uterine bleeding
- Genitourinary injury/laceration
- Retained product(s) of conception
- Fibroids

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**Pearls**
- Amount of bleeding best determined by number of fully saturated pads per hour.
- If patient has passed tissue, collect and properly secure for transport.

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**Cardiac monitor**

**Consider 12-Lead ECG**

**Establish two large bore IVs if hemodynamically unstable**

**If systolic BP < 90**

**Normal Saline bolus 500ml IV/IO**

**Maximum 2L**

**For nausea**

**consider, Ondansetron**

**For pain**

**consider, Fentanyl**

**Notify receiving facility.**

**Consider Base Hospital for medical direction**

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**For vaginal bleeding in the NON-pregnant patient. For vaginal bleeding in pregnancy, use primary impression Pregnancy Complications**