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

### 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

#### 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.

#### 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