**Delegation Protocol Number:** 112

**Delegation Protocol Title:**
First Trimester Bleeding - Adult/Pediatric - Ambulatory

**Delegation Protocol Applies To:**
☒ Wisconsin ☐ N. Illinois
UW Health Obstetrics and Gynecology Clinics; UW Family Medicine Clinics with Obstetric services

**Target Patient Population:**
Pregnant patients within the first trimester (up to 12 weeks) and reports vaginal bleeding presenting to the clinic either in person for an appointment or by phone.

**Delegation Protocol Champions:**
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**Purpose Statement:**
To delegate authority from the patient's Obstetrics and Gynecology or Family Medicine provider to Registered Nurses (RNs) to place orders in a timelier manner for the management of bleeding during the first trimester.

**Who May Carry Out This Delegation Protocol:**
RNs

**Guidelines for Implementation:**
1. This protocol is initiated when a patient presents to the clinic in person or by phone reporting abnormal (e.g., anything other than post coital, light spotting on post cervical exam) first trimester bleeding.
2. Exclusion criteria include:
    2.1. Heavy Bleeding:
        2.1.1. Heavy bleeding is defined as soaking one or more pads per hour or feeling light-headed, dizzy or weak.
        2.1.2. If heavy bleeding exists, the RN will instruct the patient to go to the Emergency Room and contact the provider and this protocol no longer applies. If the patient presents in person, a provider will be alerted, and this protocol no longer applies.

2.1.3. If heavy bleeding does not exist, the RN will move to the next step in the protocol.

2.2. Severe pain:

2.2.1. Severe pain is defined as rated 8-10: excruciating pain, doubled over, unable to do any normal activities.

2.2.2. If severe pain is present, the RN will instruct the patient to go to the Emergency Room and contact the provider. If the patient presents in person, a provider will be alerted, and this protocol no longer applies.

2.2.3. If pain is not present, the RN will move to the next step in the protocol.

2.3. Ectopic pregnancy:

2.3.1. Ectopic pregnancy risk factors: Prior ectopic pregnancy, prior tubal surgery, prior pelvic infection, or current IUD use.

2.3.2. If the patient does have ectopic pregnancy risk factors, the RN will complete the triage process and consult with a provider.

2.3.3. If the patient does not have any listed ectopic risk factors, the RN will move to the next step in the protocol.

3. The RN will determine if an intrauterine pregnancy (IUP) has been confirmed by ultrasound.

3.1. Intrauterine Pregnancy Confirmed by ultrasound

3.1.1. The RN will educate the patient on possible causes of first trimester bleeding, discuss that symptoms could represent a miscarriage, and offer a viability ultrasound.

3.1.2. If patient accepts a viability ultrasound, RN will order OB Ultrasound Unlimited [OB76815] to be offered within one week, as scheduling allows.

3.2. If intrauterine pregnancy is not confirmed by ultrasound, the nurse will determine the following:

3.2.1 Date of positive pregnancy test

3.2.2 Date of last menstrual period (LMP)

3.2.3 Certainty of LMP

3.2.4 History of abnormal menstrual cycles

3.2.5 History of greater than 3 spontaneous first trimester pregnancy losses

3.2.6 History of previous first trimester pregnancy risk factors (prior ectopic pregnancy, recent abdominal surgery, or recent pelvis infection).

3.2.7 The RN will provide the patient with both ectopic pregnancy and miscarriage warning signs and precautions.

3.2.8 RN will complete triage process and notify provider.

3.2.9 The RN will place orders for a STAT quantitative beta HCG [HCGCSF] with a repeat beta HCG in 48 hours.

4. RN will determine patient's Rh status.

4.1. Known Rh positive, no further follow up needed.

4.2. If patient's Rh status is negative, RN will place an order for an antibody screen [ABSCR].

4.3. If patient's Rh status is unknown, RN will place order for ABO and Rh typing to be completed with first quantitative beta HCG or as soon as possible if no other labs are recommended.

4.3.1. If Rh status is determined to be negative, RN to place an add on order for an antibody screen [ABSCR].

4.3.2. If Rh is determined to be positive, no further follow up needed.

4.4. If patient asks about $Rh_o$(D) immune globulin , and is Rh negative, RN to counsel on necessity of need at this point in pregnancy. Routine administration is not recommended for spontaneous or induced abortion earlier than 12 weeks. $Rh_o$(D) immune globulin is still recommended when managing suspected or known ectopic pregnancy and will be directed by the clinician. If, after

counseling, the patient still desires $Rh_o$(D) immune globulin , RN to schedule patient for $Rh_o$(D) immune globulin administration.

4.4.1. If patient desires $Rh_o$(D) immune globulin , is Rh negative, and antibody screen is negative, RN will order $Rh_o$(D) immune globulin 1500 units = 300 mcg IM x 1 within 72 hrs of bleeding onset.

5. RN will review bHCG results.
   5.1. If initial bHCG is ≥ 3510, RN to order viability US to be completed within 3 days. RN to cancel next bHCG as no further bHCG is needed. If initial bHCG < 3510, RN will instruct patient to proceed with second bHCG in 48 hrs as ordered.
   5.2. If second bHCG ≥ 3510, RN will order a viability US to be completed within 3 days. If the second bHCG < 3510, RN will review with a clinician within 24 hours to determine next steps.
6. RN will notify provider if the patient develops any interim severe pain or changes in symptoms throughout the protocol evaluation.
7. Once triage process, recommended labs, and imaging have been completed, RN will notify provider.

**Order Mode**:

Laboratory and Diagnostic Tests: Cosign Required, Protocol/Policy

Medications: Protocol/Policy, Without Cosign

**References:**


1. American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Gynecology. ACOG Practice Bulletin No. 193: Tubal Ectopic Pregnancy. *Obstet Gynecol*. 2018;131(3):e91-e103. doi:10.1097/AOG.0000000000002560. Accessed February 5, 2024.


**Collateral Documents/Tools:**

1. UW Health Prenatal Care - Adult/Pediatric - Ambulatory Clinical Practice Guideline. Accessed March 2018.
2. First Trimester Bleeding Delegation Protocol - Adult/Pediatric - OP [7787] Smart Set