

MEDAVIE

HealthEd

ÉduSanté



PARAMEDIC

GYNECOLOGY

Primary Care Paramedicine

Module: 10

Section: 02b

- Introduction
- Assessment
- Management
- Specific gynecological disorders

- Gynecology
 - Branch of medicine that deals with women's health
- Beyond labour and delivery the most common complaints are:
 - Abdominal pain
 - Vaginal bleeding

- Does the patient complain of pain?
 - Dysmenorrhea
 - Dyspareunia
- Associated signs or symptoms.
- Previous pregnancy
 - Gravida/parity/abortion
- Document last menstrual cycle.
- Medications
 - Contraceptives

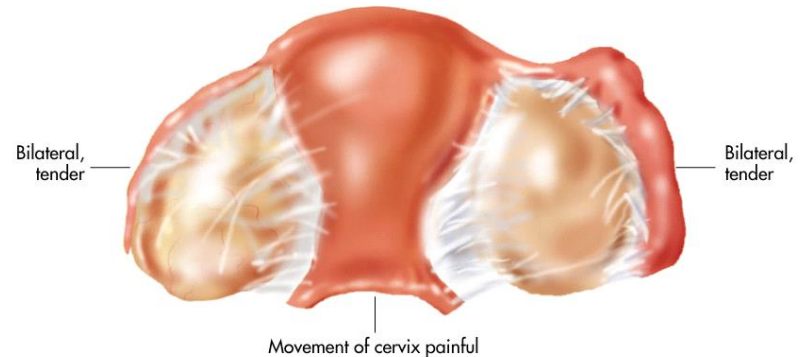
- Respect patient's privacy.
- Be professional.
- Explain procedures.
- Observe patient.
- Check vital signs.
- Assess bleeding or discharge
 - Do not perform an internal vaginal exam in the field.
- Abdominal examination.

- Focused on supportive care
- Psychological support
- Make the patient comfortable and transport
- Do not pack dressings in vagina

- Pelvic inflammatory disease
- Ruptured ovarian cyst
- Cystitis
- Mittelschmerz
- Endometriosis
- Ectopic pregnancy

- Infection of the reproductive tract
- Highest rate in sexually active women 15-24
- Most common causes gonorrhea and chlamydia
- May be acute or chronic
- Untreated may lead to sepsis

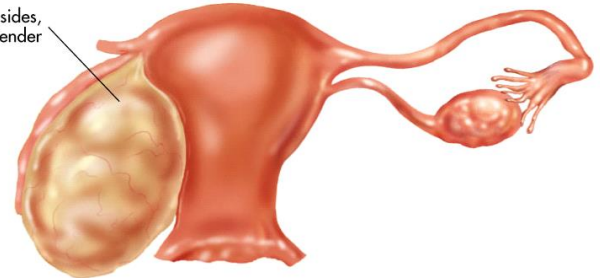
- S/S:
 - ABD pain with rebound
 - Guarding
 - Febrile
 - Pain with intercourse
 - Changes in menstruation
 - Painful urination



- Fluid filled pockets on ovary
- Cysts occasionally develop independent of ovulation
- Rupture spills small amount of blood into perineum
 - Often during exercise or sexual intercourse
- Abdominal pain and rebound tenderness
- Occasional vaginal bleeding

- S/S
 - May note bleeding
 - Early menstruation
 - May note late or missed period
 - Localized unilateral pain (Lower abdominal)
 - Generalized peritonitis if massive hemorrhage has occurred
 - Onset of pain with minimal ABD trauma, sexual intercourse or exercise

One or both sides,
usually nontender



- Inflammation of the inner lining of the bladder
 - Usually caused by a bacterial infection
- Male and female can develop (women more common based on anatomy)
- S/S
 - Frequency
 - Painful urination
 - Fever
 - Chills
 - Lower ABD pain (Pain immediately above symphysis pubis)
 - Foul smelling urine and may contain blood
- Treated with antibiotics
- Occasionally spreads to kidneys
 - Increased frequency and urgency
 - Occasional blood tinged urine

- Many women experience dysmenorrhea (painful menstruation)
- Risk factors
 - Women who have not given birth
 - Infection
 - Inflammation
 - IUD's

- Signs and symptoms of dysmenorrhea
 - Painful menses
 - Headache
 - Fainting
 - Dizziness
 - N/V
 - Diarrhea
 - Backache
 - Leg pain

- German for “middle pain”
 - Characterized by right or left lower quadrant abdominal pain that occurs in the normal mid-cycle of a menstrual period (after ovulation)
 - Duration is about 24 to 36 hours
 - Follicle rupture or bleeding at time of ovulation
 - May also see endometrial bleeding and low grade fever
- Lower abdominal pain
 - Usually self-limiting
 - Spotting

- Inflammation of the uterine lining
 - Usually the result of infection
 - Occurs most often after childbirth or abortion from retained placental tissue
- May affect the uterus and fallopian tubes
 - If untreated, may result in sterility, sepsis, and death
- Signs and symptoms
 - Fever
 - Purulent vaginal discharge
 - Lower ABD pain
 - Mimics PID

- An abnormal gynecological condition characterized by ectopic growth and functioning of endometrial tissue
 - Inflammation of uterine lining
 - Occasional complication of an obstetrical problem
- Signs and symptoms (Mimics PID)
 - Pain (dysmenorrhea)
 - Painful defecation
 - Suprapubic soreness
 - Premenstrual vaginal staining of blood
 - Infertility
 - Foul smelling discharge

- Should be considered in any female of reproductive age with abdominal pain
- Develops outside the uterus
 - Most commonly in the fallopian tube, but sometimes in the ovary, or rarely in the abdominal cavity or cervix
 - Tube can rupture
 - Triggers massive hemorrhage
- Signs and symptoms
 - ABD Pain (Severe unilateral abdominal pain)
 - May radiate to shoulder on affected side
 - Spotting
 - Rupture
 - Internal hemorrhage
 - Sepsis
 - Shock

- Refers to the loss of blood from the uterus, cervix, or vagina
 - Most common source of nontraumatic vaginal bleeding is menstruation
- Possible causes of serious non-menstrual bleeding
 - Spontaneous abortion
 - Menorrhagia
 - Excessive menstrual flow
 - Hemorrhage is always a potential life threat
 - Disorders of the placenta
 - Hormonal imbalances (especially menopause)
 - Lesions
 - PID

- Do not pack vagina
- Transport
- Oxygen therapy
- IV access
- Fluid resuscitation

- Traumatic causes of vaginal bleeding
 - Straddle injuries
 - Blows to the perineum
 - Blunt forces to the lower abdomen
- Other causes
 - Foreign bodies inserted into the vagina
 - Injury during intercourse
 - Abortion attempts
 - Soft tissue injuries that result from sexual assault
- May lead to hypovolemia and shock

- Precise diagnosis of lower abdominal pain in the female is difficult because many gynecological conditions produce common clinical characteristics
- Goal of prehospital care is to identify conditions quickly that require aggressive therapy and rapid transport for surgical intervention

- A history of the present illness should be obtained to better understand the patient's C/C
- Associated symptoms that may be important include:
 - Fever
 - Diaphoresis
 - Syncope
 - Diarrhea
 - Constipation
 - Abdominal cramping
- The interview should be expanded to include a thorough obstetric history

- Pregnancy
- Previous cesarean deliveries
- Last menstrual period
- Possibility of pregnancy
- History of previous gynecologic problems
- Present blood loss
- Vaginal discharge
- Use and type of contraceptive
- History of trauma to the reproductive system
- Degree of emotional distress

- Should be conducted with a comforting and professional attitude
 - Attempt to protect the patient's modesty, maintain privacy, and be considerate of reasons for patient discomfort
- When evaluating the potential for serious blood loss, assess the color of the patient's skin and mucous membranes

- Vital sign assessment should include orthostatic measurements
- If indicated, the vaginal area should be inspected for bleeding or discharge noting:
 - Color
 - Amount
 - Presence of clots and/or tissue

- The abdomen should be auscultated (if time permits) and palpated to assess for:
 - Masses
 - Areas of tenderness
 - Guarding
 - Distention
 - Rebound tenderness

- Support the patient's vital functions
- Administer high-concentration oxygen during transport
- IV access is usually not necessary unless the patient is demonstrating signs of impending shock or has excessive vaginal bleeding
- Many patients will prefer to be transported in a left-lateral recumbent, knee-chest position, or in a hips-raised knees-bent position for comfort
- During transport, monitor the patient for the onset of serious bleeding

- A crime of violence with serious physical and psychological implications
- Use tact, kindness, and sensitivity during patient care
- Treat all life-threatening injuries in the usual manner
- If possible, move the patient to a private area for physical examination and history taking
- If possible, allow the patient to be examined and interviewed by a crew member of the same gender

- Avoid detailed questions about the incident
 - Limit questions to those that are necessary to provide emergency care
- Allow the patient to speak openly about the event
- Record all information accurately and thoroughly

- Identify physical trauma outside the pelvic area that needs immediate attention
- Examine the genitalia only if severe injury is present or suspected
- If possible, explain all procedures to the patient before the examination takes place
- Document all findings and observations
 - Patient's emotional state
 - Condition of the victim's clothing
 - Obvious injuries
 - Any patient care rendered
- Maintain a nonjudgmental and professional attitude

- After managing life-threatening injuries, emotional support is the most important patient care procedure that can be offered to a victim of sexual abuse
- Provide a safe environment for the patient
- Respond appropriately to the victim's physical and emotional needs
- Be aware of the need to preserve evidence from the crime scene

- Handle clothing as little as possible
- Do not clean wounds unless absolutely necessary
- Do not allow the patient to drink or brush teeth
- Do not use plastic bags for bloodstained articles
- Bag each clothing item separately
- Ask the victim not to change clothes or bathe
- Disturb the crime scene as little as possible



FIGURE 39-1 If possible, have a female paramedic accompany the sexual assault victim to the hospital.

- State patient remarks accurately.
- Objectively state your observations of patient's physical condition, environment, or torn clothing.
- Document evidence turned over to hospital staff.
- Do not include your opinions as to whether rape occurred.