



A patient with recent history of nausea, a delayed menses, cramps, sexual intercourse within the past three months, and an initial presentation of abdominal pain, painful intercourse, and vaginal bleeding may be an unusually heavy period; however, it could also indicate a spontaneous abortion or a ruptured ectopic pregnancy. If you are carrying an early pregnancy test (EPT), use it. If the test is positive, begin an Level 1 evacuation. If you are not carrying an EPT seek a physician consultation. If a consultation is unavailable, begin a Level 3 evacuation, plan for a Level 1 evacuation, and closely monitor Sharon. Later, when her abdominal pain localizes to the lower right quadrant, her vaginal bleeding continues and is in excess of five soaked pads, and her pulse and respirations increase, execute your Level 1 evacuation plan.

An ectopic pregnancy occurs when a fertilized egg implants outside the uterus, usually in a fallopian tube; as the fetus grows it can block and often rupture the fallopian tube causing internal bleeding and volume shock. Pain is caused by prostaglandins released at the site and by free blood leaking into and irritating the abdominal cavity. Shoulder pain indicates severe internal bleeding; monitor for S/Sx of volume shock. Risk factors include: a history of PID/Chlamydia infection, previous ectopic pregnancy and/or tubal surgery; use of fertility drugs or IUD; smoking; greater than 35 years old. Ectopic pregnancies tend to occur in a wilderness environment when a woman is unaware she is pregnant. 50% resolve without treatment by spontaneous abortion. If early and the tube is intact, the drug methotrexate will safely induce a miscarriage. Surgery is required if tube is near rupture or has ruptured. *Ectopic pregnancies are the leading cause of pregnancy-related death in the first trimester.*

