Pregnant patient presenting to SJRH ED triage

Complete COVID screening process

Less than 20w GA (19w6d and under)

Greater than 20w GA (20w0d and greater)

Screen Positive:
- NO pregnancy related complaint AND mild symptoms → eligible for surge-clinic deferral process.
- Pregnancy-related complaints → ED assessment → COVID cove/neg pressure room and droplet-contact

Screen Negative:
- Refer to usual SJRH DEM Obstetrical Triage SOP

Screen positive → eligible surge-clinic deferral PUI or COVID+ve → home with handouts
✓ Home Isolation/Public Health
✓ SJRH ED return home with COVID-19
✓ F/U OB; +ve patients need MFM F/U
Transfer to L&D only if:
✓ co-existing pregnancy concern AND
✓ non-pregnancy complaints addressed
✓ notify L&D
✓ transfer with droplet- contact precautions

MILD
Alert, GCS=15
RR 12 – 20
SpO2>95%
HR 51 – 110
Walking SpO2 >95%
Social Accesses
✓ shelter
✓ food/H2O
✓ phone
✓ adult

Moderate
Alert, GCS=15
RR 21 - 24
SpO2> 94-95%
HR 111 – 130

Severe- Critical
AMS ------ End-organ dysf’n
RR > 24 ----------------- or <8
SpO2 < 93 % ------------ <91%
HR > 130 ---- AbN perfusion

Triage to COVID Cove or Negative Pressure Room appropriate to clinical presentation * see page 2
Attending provider to notify attending OB/GYN on-call of any pregnant woman >20w GA in ED who screens positive for COVID.
- L&D RN and fetal surveillance equipment can be available for ED at discretion of OB/GYN

Clinical Management Pearls
- Assess FHR
- Target SpO2>95%
- Avoid supine positioning – left lateral tilt with right hip wedge must be employed, especially if ALC
- Conscious prone positioning – extra caution and attention and under co-consultation with ICU/OB/GYN

Critically ill: best fetal resuscitation is optimizing maternal resuscitation. See SJRH COVID-19 Clinical Management Guidance
- Consult Internist/ICE on-call re: admission of moderate/severely symptomatic PUI COVID. Co-consult OB for >20w gestation
- Obstetrical admissions to 3AN/LD per attending OB/GYN

*** if at any time, patients >20w gestation are deemed to be in active labor or have another pregnancy-related emergency (SRM, active labor, PVB, abruption, etc.) efforts should be made to stabilize in ED, then immediately transfer to labor & delivery unit under droplet-contact precautions. OB/GYN on-call should be notified STAT ***
**Moderate**
Alert, GCS=15
RR 21 - 24
SpO$_2$> 94-95%
HR 111 – 130

Concurrent obstetrical complaint?

**Severe- Critical**
AMS ------ End-organ dysf’n
RR > 24 --------------- or < 8
SpO$_2$ < 93 % ------------ <91%
HR > 130 ---- AbN perfusion

Concurrent obstetrical complaint?

**Preferred: Rm 2 or 15**
Acute
Negative pressure
Gyne Stretcher

Alternate:
Acute other- door closed
Gyne Stretcher

Consult OB re: obstetrical symptoms

**Preferred: Rm 24**
Trauma
Negative pressure
Gyne Stretcher
Baby Bundle Outside Rm

Alternate:
Trauma other- door closed
Gyne Stretcher
Baby Bundle Outside Rm

STAT Call OB & L/D. Focus on resuscitation

**Preferred: Rm 24**
Trauma
Negative pressure

Alternate:

Trauma other- door closed
Focus on resuscitation. Notify OB & L/D

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**Clinical Management Pearls**
- Assess FHR
- Target SpO$_2$>95%
- Avoid supine positioning – left lateral tilt with right hip wedge must be employed, especially if ALC
- Conscious prone positioning – extra caution and attention and under co-consultation with ICU/OBGYN

**Critically ill:** best fetal resuscitation is optimizing maternal resuscitation. See SJRH COVID-19 Clinical Management Guidance

- Consult Internist/ICE on-call re: admission of moderate/severely symptomatic PUI COVID. Co-consult OB for >20w gestation.
- Obstetrical admissions to 3AN/LD per attending OBGyn

*** if at any time, patients >20w gestation are deemed to be in active labor or have another pregnancy-related emergency (SRM, active labor, PVB, abruption, etc.) efforts should be made to stabilize in ED, then immediately transfer to labor & delivery unit under droplet-contact precautions. OBGYN on-call should be notified STAT ***

*** Patients in active labor require rapid COVID-19 swab ***