*Affix patient label or enter details:*

Trust ID No.:

Surname (BLOCK LETTERS): First name:

D.O.B.:

**GYNAECOLOGY CORE CARE PLAN:**

**Care of Patient with Vaginal Bleeding**

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| **PROBLEM: This patient has experienced per vaginum (PV) bleeding as a result of:** |
| **GOAL: Early detection of complications of PV bleeding for EG: anaemia, dehydration +/- massive blood loss** |
| **ACTIONS** (Circle appropriate actions) | **AMENDMENTS**(Date/Signature) |
| **1.** Complete admission documentation including all risk assessments. Complete a full set of observations using NEWS to provide a baseline and to identify the triggers for their subsequent frequency Observe amount/nature of PV loss by checking pads frequently. Report any heavy or abnormal loss to doctors immediately. Ensure appropriate bloods are taken and results are checked to monitor for anaemia(observe for obvious pallor, new breathlessness, clamminess to touch) Ensure that thromboprophylaxis and anti-embolic stockings are prescribed/applied if required. |  |
| **2.** Ensure IV cannula is in place either for emergency fluid replacement or transfusion of blood products. Ensure that a strict fluid balance chart is maintained. |  |
| **3.** Monitor for signs/symptoms of abdominal pain. If required initiate Pain Management CoreCare Plan for Gynaecology Patients. |  |
| **4.** Ensure this patient has an adequate supply of clean pads. Advise her not to use tampons.Ensure that a nurse sees pads/soiled linen before they are disposed of. Advise her if she passes urine to collect it in a pan for monitoring. |  |
| **5.** Ensure that this patient is kept well informed and is enabled to participate in her care.Allow time to listen to her questions and to alleviate anxiety by offering jargon-free answers. Ensure that she is given adequate information to allow her to freely consent to any procedures/interventions. Ensure she is given the option to have a chaperone when it is required. |  |
| **6.** If PV bleeding is the result of pregnancy loss, ensure that this patient is given time to talkand grieve. Following Early Pregnancy Clinic Guidelines: Ensure that counselling is offered and that the most useful information leaflets regarding miscarriage (and its management) are given. Allow time for her to make decisions about how best to manage the miscarriage. Refer to Early Pregnancy Unit if appropriate. Check Rhesus status + ensure that Anti-D is administered if necessary Ensure products of conception are sent to histology if appropriate and that registrar completes relevant P1/P2 form. If recurrent miscarriage follow guidelines for management (GP001 via Trust Intranet) |  |

*Issued By: Level 11 Gynaecology Nursing Team March 2021 Review Date: March 2023*

**Signature of nurse generating care plan: Date:**

**Evidence:**

 C032 Minimum Standards for Observation 2015

 C025 Intravenous Administration for Adults 2009

 C006 Administration of Blood and Blood Products 2012

 C068 Chaperone Policy for Children + Young People 2016

 C021 Peripheral Intravenous Cannulation of Adults 2015

 C005 Consent to Examination or Treatment 2016

 C063 Venepuncture in Adults 2017

 MP010 Anti D + Rhesus Negative Women 2016

 MP073 Pregnancy Loss 2017

 Early Pregnancy Unit Guidelines.