

# Pregnancy

## First Trimester Vaginal Bleeding in Pregnancy

If patient has not had 1<sup>st</sup> trimester US to confirm intrauterine pregnancy, **refer to the ED** if:

- Vaginal bleeding/pelvic pain
- Note: if the patient has normal vital signs, is not in severe pain, and appears generally well, the patient should present to ED during **daytime hours**. US rarely available after 4pm; use [North Shore Urgent CT and US Referral Guidelines and Referral Form](#)
- If RH neg, send to ED for RhoGAM/WinRho

If patient has had 1<sup>st</sup> trimester US with confirmed intrauterine pregnancy, **refer to ED** if concern for hemorrhage:

- Heavy bleeding (changing heavy pad q30-60 mins for  $\geq 3$  hours)
- Severe pain/cramping
- Presyncope/syncope

If patient has had 1<sup>st</sup> trimester US with confirmed intrauterine pregnancy, and presents with vaginal spotting:

- Outpatient labs (bHCG, Hb, Rh Factor, ABO if possible)
- Do serial bHCG (level should double every 2 days)
- Arrange for pelvic US
- If questions, consult [RACE line](#) or OB on call

### Resources

- [North Shore Urgent CT and US Referral Guidelines and Referral Form](#)
- [RACE line](#): (604) 696-2131
- LGH Switchboard: (604)-988-3131



## Second and Third Trimester Pregnancy Complications

- 12-20 weeks gestational age (GA) and urgent concerns, **refer to the ED**
- >20 weeks GA, and urgent concerns, direct to LGH Maternity Unit

### Resources

- LGH Maternity Unit: (604)-988-3131 ext. 4277



# Pediatrics

## Nursemaid's Elbow (radial head dislocation)

- Toddler, apprehensively splinting arm in pronation, not using ipsilateral hand
- Hold the child's elbow with one hand, placing finger/thumb on lateral aspect, overlying the radial head
- With your other hand:
  - Supinate hand while gently flexing the elbow
  - Usually you feel a 'click' over radial head
  - Child may cry for a moment then looks better and starts using that arm
  - XR is recommended if injury is due to trauma (i.e. a fall), but not necessary for a classic tug of the arm

### Resources

- [Video: Nursemaid's Elbow Emergency](#)



## Pediatric Wheeze

### Bronchiolitis

#### Definition:

- First episode wheeze in infants
- Acute infectious syndrome caused by viral LRTI

#### Symptoms:

- Rhinitis, cough, tachypnea, accessory muscle use, wheeze, crackles
- Symptoms will change from hour to hour

#### Clinical diagnosis:

- No work-up advised

#### Treatment:

- Ibuprofen 10 mg/kg TID
- Acetaminophen 15 mg/kg QID
- Nasal saline and nasal suction
- Maintain oral hydration

#### Refer to the ED for urgent assessment if:

- Risk factors for severe disease (immunodeficiency, history of premature birth, age less than 8 weeks, underlying cardiopulmonary disease)
- Child appears “sick” despite ibuprofen and/or acetaminophen (evidence of dehydration, RR >60, oxygen sat <90% on room air, marked work of breathing, lethargy)

### Asthma

- ≥2 wheezing episodes occurring age <1 should raise the suspicion of asthma and prompt consideration of outpatient referral to a specialist for evaluation
- Terms such as *bronchospasm*, *reactive airways disease*, *wheezy bronchitis* and *happy wheezer* should be abandoned

#### Calculate [PRAM score](#):

- If score <4 and oxygen saturation >90% on room air, prescribe SABA, ICS, and consider oral steroid. Utilize asthma action plan
- If >4 or appears *sick*, **refer to the ED** for urgent assessment

### Resources

- [Differentiating Bronchiolitis from Asthma in Infants/Toddlers](#)
- [LGH Pediatric Asthma Clinic](#): Phone (604) 984-5801
- [PRAM score calculator](#)



## Pediatric Head Injury (<24h after incident)

The most important consideration is history. **Refer to the ED if:**

- High-risk mechanism (pedestrian or bicyclist without helmet struck by motorized vehicle, fall from >3 feet, head struck by high-impact object)
- Any loss of consciousness (LOC)
- GCS <14 more than 2 hours post-injury
- ≥ 2 episodes of vomiting
- Abnormal behaviour post-injury
- Abnormal neurological exam
- Anticoagulation
- Physician gestalt

If none of these high-risk features are present, consider a diagnosis of concussion or contusion and follow up accordingly.

### Resources

- [Pediatric Head Injury Trauma Algorithm \(PECARN\)](#)
- [Glasgow Coma Scale \(GCS\)](#)
- [SCAT5 Concussion Assessment](#) (Page 3, Section 2)
- [Concussion Education](#)
- [Patient Discharge Information - Concussion \(Children\) Education](#) (can text this directly to patient via website)



## Pediatric Stridor (inspiratory upper airway sounds)

If concern for airway **foreign body**:

- **Refer to the ED** for emergent assessment

If concern for **croup**:

- Calculate [Pediatric Croup Score](#)
- If mild - low moderate severity, prescribe ibuprofen 10 mg/kg QID, acetaminophen 15 mg/kg QID **and** dexamethasone 0.6 mg/kg (max 10 mg)

If **greater severity**:

- **Refer to the ED** for emergent assessment

### Resources

- [Foreign Body Ingestion Diagnosis and Treatment](#)
- [Trek Croup Assessment Recommendations](#)
- [Pediatric Croup Score](#)



## Pediatric Dehydration (typically due to gastroenteritis)

	Degree of Dehydration		
	Mild	Moderate	Severe
Infant/Young Child <2yr	5%	10%	≥ 15%
Older Child/Adoles >2yr	3%	6%	≥ 9%
Heart Rate	Normal	Rapid	Rapid
Blood Pressure	Normal	Normal	Decreased
Urine Output	Mildly Decreased	Markedly Decreased	Anuria
Mucous Membranes	Moist	Tacky	Dry
Anterior Fontanelles	Normal	Sunken	Markedly Sunken
Eyes	Normal	Sunken	Markedly Sunken
Skin Turgor	Normal	Decreased	Tenting
Capillary Refill	Normal (<3s)	Normal to Increased	Increased (>3s)

Source: Tip #20, Victoria Division's [ER Tips & Tricks](#)

- Age <1 month or severe dehydration, **refer to the ED**
- For children ages >6 months and mild to moderate dehydration, consider single dose Ondansetron **and** Pedialyte or dilute juice at 50 ml/kg over 4 hours (i.e., 10 kg = 500ml)
- It is safe to continue breastfeeding

### Medication Dosing

- Ondansetron Oral Dissolving Tab 0.15 -0.2 mg/kg up to maximum 8 mg in a single oral dose (no further benefit from repeated dosing)
- Simplified dosing guide:

Weight	Dose
8-15 kg	2 mg
15-30 kg	4 mg
>30 kg	6 mg

### Resources

- [Pediatric dehydration and fluid replacement](#)
- [Trek bottom line gastroenteritis recommendations](#)
- [What you need to know: vomiting and diarrhea](#)



# Mental Health

## Situational Crisis

### Resources

**General:**

- [PathwaysBC](#)
- [North Shore Primary Care Network](#)

Child and Youth	Adult
<ul style="list-style-type: none"> <li>• <a href="#">Mental Health Walk-in Intake Clinics</a> <ul style="list-style-type: none"> <li>○ Tuesday – Wednesday, 0900-1530</li> <li>○ Walk-in at #301-224 West Esplanade, North Vancouver</li> <li>○ Ages 6-18</li> </ul> </li> <li>• <a href="#">North Shore Foundry</a> <ul style="list-style-type: none"> <li>○ Monday – Thursday afternoon (hours may vary for both, so check website)</li> <li>○ Ages 12-24</li> </ul> </li> <li>• <a href="#">Youth Urgent Response Team</a> <ul style="list-style-type: none"> <li>○ Tuesday – Friday, 0900-2200 and Saturday – Monday, 1130-2200</li> <li>○ Phone: (604) 984-5061</li> <li>○ Ages 13-19</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">RACE line</a>: (604) 696-2131                             <ul style="list-style-type: none"> <li>○ Psychiatric, geriatric, perinatal, and eating disorders available</li> <li>○ Monday – Friday, 0800-1700</li> </ul> </li> <li>• Suicide line: 1 (800) 784-2433</li> <li>• Distress line: 1 (866) 661-3311</li> <li>• North Shore Women’s Crisis: (604) 987-3374</li> <li>• Indigenous Hope for Wellness Hotline: 1 (855) 242-3310</li> <li>• <a href="#">HOpe Centre</a> <ul style="list-style-type: none"> <li>○ Referral within three days for adults, but can be a long wait to access treatment</li> <li>○ <a href="#">Adult Community Mental Health and Substance Use Central Intake Referral Form</a></li> <li>○ <a href="#">Carlile Unit</a> – supports ages 17-25 facing urgent mental health or substance use challenges, offering a multidisciplinary treatment team</li> </ul> </li> </ul>





# IV Treatment

## IV Treatment

Patients requiring IV antibiotics for treatment of cellulitis, or IV hydration/analgesia/antiemetics may be seen at UPCC or the ED.

If your patient requires iron infusion or blood transfusion, see “critical anemia,” on page 7.

If you have **ordering privileges at LGH**, you may enter orders **directly into Cerner**, including a Medical Day Care referral:

- IV antibiotics
- Iron sucrose infusion (for patients with documented failure of oral iron supplementation)
- RBC transfusion + “Group & Screen”

If you DO NOT have **ordering privileges at LGH**, you must refer your patient to the appropriate specialist or private infusion clinic, or send the patient to the ED for assessment.

## Resources

- LGH Medical Daycare phone: (604) 984-5753 or fax: (604) 984-5750



# Logistics

## Outpatient Lab

### Life Labs

- [Requisitions](#)
- [Locations](#)

### Lions Gate Outpatient Lab

- 231 East 15<sup>th</sup> Street, North Vancouver
- Phone: (604) 984-5755
- Fax: (604) 984-5984
- [Outpatient Laboratory Online Booking System](#)
- Hours of Operation
  - Monday – Friday: 0730 – 1700
  - Saturday – Sunday: 0800 – 1200



## Urgent Same-Day LGH CT and US Referral

FPs can access **same-day** CT or US via Diagnostic Imaging at LGH, which would otherwise necessitate a same-day ED visit; it is not meant to replace an ED visit which is otherwise indicated.

### Rules

- Urgent defined medical issue requiring same-day diagnosis
- Patient would be directed to ED if CT or US wasn't available through outpatient means
- Hours of access: Monday – Sunday, 0800-1600 *\*Patients arriving closer to 1600 may be seen the next day\**
- FP must provide a cell phone number to phone results to, or must provide a clear management plan
- CT specific: no back pain and no malignant workups
- CT specific: current GFR required (within 3 months) for CT chest and abdomen/pelvis exams

### Resources

- [North Shore Urgent CT and US Referral Guidelines and Referral Form](#)
- LGH Radiology (604) 984-5785 ext. 4508



## Routine Outpatient Imaging (XR, US, CT, MRI)

Local Site	What's Offered	Considerations
North Vancouver UPCC	XR	<ul style="list-style-type: none"> <li>Daily capacity for walk-in XR</li> <li>Will accept any imaging requisition</li> </ul>
Vancouver City Centre UPCC	XR, US	<ul style="list-style-type: none"> <li>Daily capacity for walk-in XR</li> <li>Will accept any imaging requisition</li> <li>Weekday, same-day ultrasound slots are reserved for acute scans (excluding breast, MSK, upper extremity DVT and OB&gt;14 weeks)</li> <li><b>Appointment required:</b> fax requisition to (236) 521-3631</li> </ul>
North Shore Medical Imaging	XR, US	<ul style="list-style-type: none"> <li>Daily capacity for walk-in XR</li> <li><a href="#">X-Ray requisition form</a></li> <li><a href="#">US requisition form</a></li> </ul>
LGH Diagnostic Imaging	US, CT, MRI	<ul style="list-style-type: none"> <li>Outpatient US, CT, MRI</li> <li><a href="#">Radiology Direct Contact</a> (for response within a couple of hours)</li> <li><a href="#">LGH regular CT/US/MRI form</a></li> <li><a href="#">North Shore Urgent CT and US Referral Guidelines and Referral Form</a></li> </ul>

