

**SECTION 2.15**  
**MEDICAL EMERGENCIES**

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Each clinic shall have a policy with written procedures for management of contraceptive medical emergencies. This policy should take into account the types of procedures done on site and the qualifications and training of the personnel in the agency.

**I. General Information**

- A. As a precaution, have assistant available when performing procedures that may result in client collapse, e.g., IUD insertion; Implanon insertion and removal.
- B. Stop procedure.
- C. Summon help by calling “HELP! STAT! ROOM \_\_\_\_!”
- D. Stay with the client until help comes.
- E. Immediately summon physician or RN for client management or call emergency ambulance.
- F. Monitor vital signs frequently.
- G. Make sure the following have been assigned to staff:
  - 1. Record the client information, such as vital signs. This could be the same person who is doing the vital signs, or it could be a second person if staff is available.
  - 2. Communicate with the partner or family member who may have accompanied the client to the clinic.
  - 3. Guide the ambulance into the facility/the ambulance crew into the client’s procedure room.
  - 4. Reschedule other clients, if needed.

**II. Vaso-vagal reaction (faint)**

- A. Vital signs
  - 1. Pulse present SLOW (60 or less);
  - 2. Blood pressure hypotensive;
  - 3. Skin cool, clammy;
  - 4. Pallor around mouth;
  - 5. Client may be conscious or unconscious;
  - 6. Client may be nauseated or vomit.
- B. Management
  - 1. Have client lie down;
  - 2. Turn client on her/his side, so that if she/he vomits, she/he will not aspirate vomitus;
  - 3. Snap ammonia capsule under client’s nose for her/him to breathe;
  - 4. Raise feet above chest level;
  - 5. Cover client to conserve body warmth without overheating;

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6. Watch for cardiopulmonary arrest;
7. Monitor blood pressure and pulse frequently;
8. If client recovers spontaneously within a few minutes, keep her/him resting quietly until stable and make sure she/he is completely OK before letting her/him go home WITH A FRIEND.
9. If client does not recover within a few minutes, or if you are in any doubt about her/his recovery, call emergency ambulance.

**III. Shock/Hemorrhage**

A. Vital signs

1. Pulse present, FAST, may be thready;
2. Blood pressure – hypotensive;
3. Skin cool, clammy;
4. Pallor around mouth or cyanosis;
5. Client may be conscious or unconscious.

B. Management

1. Cover client to conserve body warmth without overheating;
2. Assess for bleeding; if present, employ control measures;
3. Raise feet above chest level;
4. Call emergency ambulance;
5. Observe client closely for cardiopulmonary arrest;
6. Monitor vital signs frequently.

**IV. Cardiopulmonary arrest**

IT IS EACH CLINIC'S RESPONSIBILITY TO ENSURE THAT CLINIC PERSONNEL ARE CURRENTLY TRAINED IN BASIC CPR.

**V. Seizure**

A. Vital signs:

1. Client unconscious;
2. Client is often incontinent of urine or feces;
3. Rhythmic movements of limb(s), jaw, and/or eyeballs may be present;
4. Pulse is generally above 60.

B. Management

1. Be sure client does not hurt her/himself by falling off table or against objects;
2. Seizures generally run their own course; wait it out;

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3. Following seizure, client may remain unconscious, be confused, or appear partially paralyzed. Keep client lying down. Call emergency ambulance if indicated.
4. Monitor vital signs.

**NOTE: Seizure-like activity may accompany cardiopulmonary arrest, shock, or vaso-vagal reaction. Check for these conditions.**

**VI. Anaphylaxis**

- A. Vital signs
  1. Agitated, flushed;
  2. Rapid pulse;
  3. Difficulty breathing;
  4. May have itching, tingling sensations, coughing and sneezing, throbbing in ears.
- B. Management
  1. Have someone call for an ambulance immediately. Client should be supine, ensure airway is clear (no foreign body, neck extended).
  2. Give antihistamine – one Benadryl® capsule (50 mg) orally OR diphenhydramine **50 mg IM (1-2 mg/kg)**.
    - a. Contraindications
      - (1) Glaucoma;
      - (2) Asthmatic attack.
    - b. Side effects:
      - (1) Drowsiness;
      - (2) Dizziness;
      - (3) Dryness of the mouth;
      - (4) Disturbed coordination;
      - (5) GI and GU disturbances;
      - (6) Hypotension;
      - (7) Excitation;
      - (8) Convulsions with overdoses.
  3. Give Epinephrine (adrenalin) **1:1000 dilution (1 mg/mL), 0.2 to 0.5 mL intramuscularly or subcutaneously** if cardiovascular collapse appears imminent.
    - a. Contraindications
      - (1) Cardiovascular disease;
      - (2) Hypertension;
      - (3) Glaucoma;

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- (4) Diabetes.
- b. Side effects
  - (1) Muscular tremor;
  - (2) Respiratory difficulty;
  - (3) Anxiety;
  - (4) Fear;
  - (5) Headache.