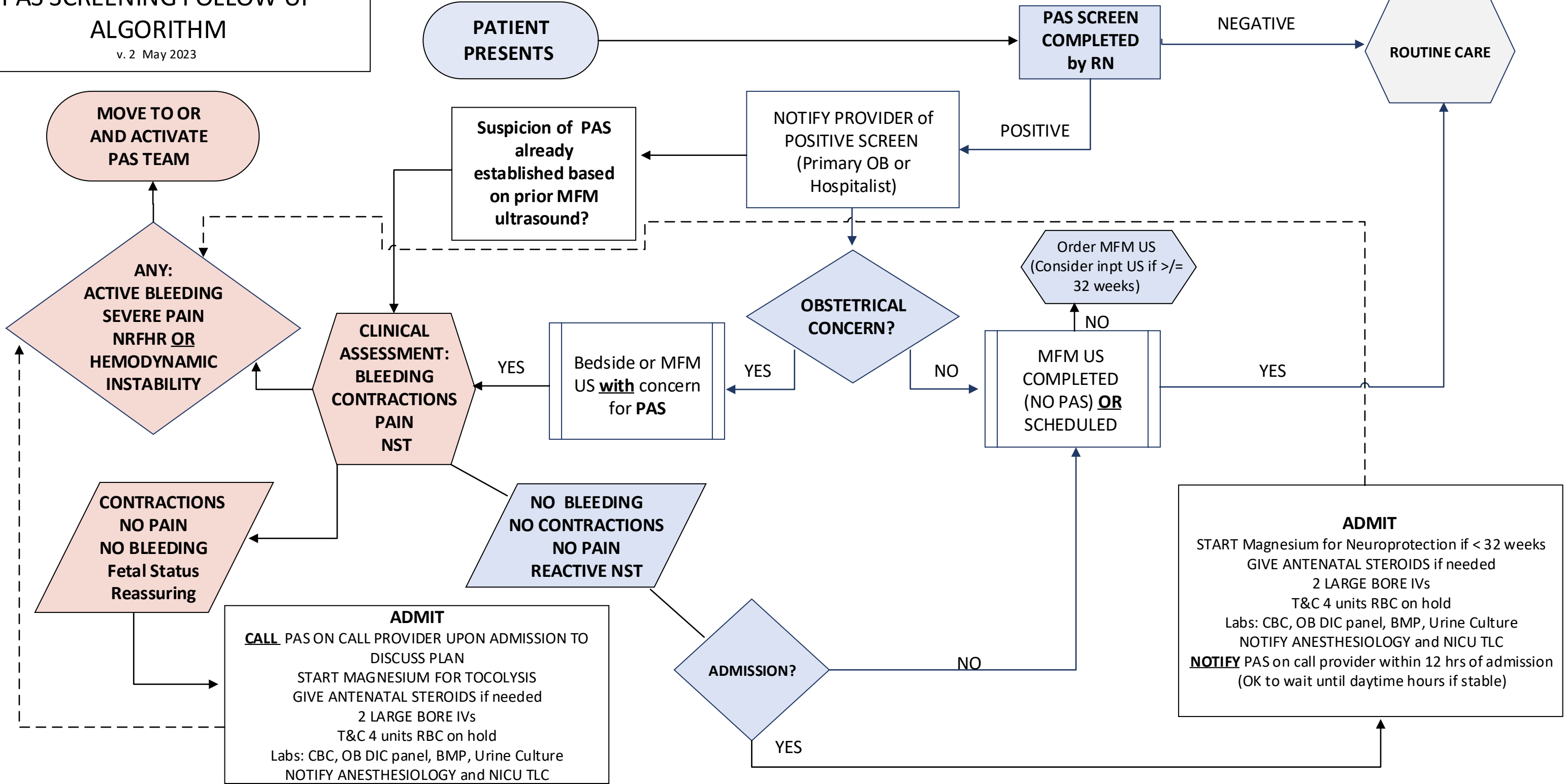


PAS SCREENING FOLLOW UP ALGORITHM
v. 2 May 2023



MOVE TO OR AND ACTIVATE PAS TEAM

ANY: ACTIVE BLEEDING SEVERE PAIN NRRFHR OR HEMODYNAMIC INSTABILITY

CONTRACTIONS NO PAIN NO BLEEDING Fetal Status Reassuring

ADMIT
CALL PAS ON CALL PROVIDER UPON ADMISSION TO DISCUSS PLAN
START MAGNESIUM FOR TOCOLYSIS
GIVE ANTENATAL STEROIDS if needed
2 LARGE BORE IVs
T&C 4 units RBC on hold
Labs: CBC, OB DIC panel, BMP, Urine Culture
NOTIFY ANESTHESIOLOGY and NICU TLC

PATIENT PRESENTS

Suspicion of PAS already established based on prior MFM ultrasound?

Bedside or MFM US with concern for PAS

NO BLEEDING NO CONTRACTIONS NO PAIN REACTIVE NST

ADMISSION?

NOTIFY PROVIDER of POSITIVE SCREEN (Primary OB or Hospitalist)

OBSTETRICAL CONCERN?

MFM US COMPLETED (NO PAS) OR SCHEDULED

Order MFM US (Consider inpt US if >= 32 weeks)

PAS SCREEN COMPLETED by RN

ADMIT
START Magnesium for Neuroprotection if < 32 weeks
GIVE ANTENATAL STEROIDS if needed
2 LARGE BORE IVs
T&C 4 units RBC on hold
Labs: CBC, OB DIC panel, BMP, Urine Culture
NOTIFY ANESTHESIOLOGY and NICU TLC
NOTIFY PAS on call provider within 12 hrs of admission (OK to wait until daytime hours if stable)

ROUTINE CARE