# MANAGING EMERGENCIES (VERTICAL ORIENTATION)

**MAINTAIN CLIENT SAFETY ● CALL FOR HELP ● ASSESS CLIENT CONDITION**

**Possible Signs and Symptoms**

<table>
<thead>
<tr>
<th>ANAPHYLAXIS</th>
<th>HYPOVOLEMIC SHOCK</th>
<th>VASOVAGAL REACTION (Neurogenic Shock)</th>
<th>CARDIO-PULMONARY ARREST</th>
<th>SEIZURE</th>
<th>HYPER-VENTILATION</th>
</tr>
</thead>
</table>
| • Recent exposure  
• Hives  
• Coughing/sneezing  
• Low pulse  
• Flushed/agitated  
• More severe: SOB  | • High pulse  
• Cool, clammy skin  
• Low BP  
• Perioral cyanosis  
• Onset over minutes or hours  
• Rare syncope  | • Low pulse  
• Low BP  
• Pale, sweaty  
• Cool, clammy skin  
• Nausea, vomiting  
• May lose consciousness  
• Sudden onset  | • Unresponsive  
• No pulse  
• Absent respirations  | • Rhythmic limbs, jaw movements  
• Pulse >60  
• Possible incontinence  | • Anxious  
• Rapid, shallow breathing  
• Normal pulse  
• Numbness  
• Carpal-pedal spasm  |
### Possible Signs and Symptoms

<table>
<thead>
<tr>
<th>1:1000 0.2–0.5 SQ/IV in 10 mL NS, slow push</th>
<th>Call 911 Epinephrine</th>
<th>Keep supine</th>
<th>Call 911 &amp; for AED</th>
<th>Prevent injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benadryl 50 mg IM</td>
<td>Elevate legs</td>
<td>Elevate legs</td>
<td>Start CPR (30:2)</td>
<td>Lateral position</td>
</tr>
<tr>
<td>Oxygen</td>
<td>Place large bore IV, infuse NS rapidly</td>
<td>Isometric muscle contractions</td>
<td>Attach AED; defibrillate if indicated</td>
<td>to protect airway</td>
</tr>
<tr>
<td>Call 911</td>
<td>Cool cloth/ice pack</td>
<td>Cool cloth/ice pack</td>
<td>Every 2 minutes check pulse, rhythm, and switch compressors until EMS arrives</td>
<td>Let seizure run its course</td>
</tr>
<tr>
<td></td>
<td>Ammonia capsule</td>
<td>Ammonia capsule</td>
<td></td>
<td>Oxygen</td>
</tr>
<tr>
<td></td>
<td>Oxygen</td>
<td>Oxygen</td>
<td></td>
<td>Prevent injury</td>
</tr>
</tbody>
</table>

**↓**

- If low BP:
  - Start IV LR or NS

**↓**

- Evaluate source and manage (6Ts)
  - Start 2nd IV line

**↓**

- If persistent symptomatic bradycardia:
  - Give Atropine 0.2 or 0.4mg IM / IV

**↓**

- Every 2 minutes check pulse, rhythm, and switch compressors until EMS arrives

**↓**

- If continues >2min, call 911
  - Give Diazepam (Valium) 5 mg IV or Midazolam

**↓**

- Assure patient is stable before leaving the clinic
<table>
<thead>
<tr>
<th>Possible Signs and Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓</td>
</tr>
<tr>
<td>• If no recovery, call 911</td>
</tr>
<tr>
<td>↓</td>
</tr>
<tr>
<td>• Repeat x1 in 5 min. if needed</td>
</tr>
</tbody>
</table>
# MANAGING EMERGENCIES (HORIZONTAL ORIENTATION)

**MAINTAIN CLIENT SAFETY ● CALL FOR HELP ● ASSESS CLIENT CONDITION**

Possible Signs and Symptoms

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Condition</th>
<th>Response I</th>
<th>Response II</th>
<th>Response III</th>
</tr>
</thead>
</table>
| • Recent exposure  
• Hives  
• Coughing/sneezing  
• Low pulse  
• Flushed/agitated  
• More severe: SOB | ANAPHYLAXIS | 1:1000 0.2–0.5 SQ/IV in 10 mL NS, slow push  
• Benadryl 50 mg IM  
• Oxygen  
• Call 911 | If low BP:  
• Start IV LR or NS | |
| • High pulse  
• Cool, clammy skin  
• Low BP  
• Perioral cyanosis  
• Onset over minutes or hours  
• Rare syncope | HYPOVOLEMIC SHOCK | Call 911 Epinephrine  
• Elevate legs  
• Place large bore IV, infuse NS rapidly | Evaluate source and manage (6Ts)  
• Start 2nd IV line | |
| • Low pulse  
• Low BP  
• Pale, sweaty | VASOVAGAL REACTION | Keep supine  
• Elevate legs  
• Isometric muscle | If persistent symptomatic bradycardia: | If no recovery, call 911 |
<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Conditions</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cool, clammy skin, nausea, vomiting, may lose consciousness, sudden onset</td>
<td>(Neurogenic Shock)</td>
<td>Cool cloth/ice pack, ammonia capsule, oxygen. Give Atropine 0.2 or 0.4mg IM / IV.</td>
</tr>
<tr>
<td>Unresponsive, no pulse, absent respirations</td>
<td>CARDIO-PULMONARY ARREST</td>
<td>Call 911 &amp; for AED, start CPR (30:2), attach AED; defibrillate if indicated. Every 2 minutes check pulse, rhythm, and switch compressors until EMS arrives.</td>
</tr>
<tr>
<td>Rhythmic limbs, jaw movements, pulse &gt;60, possible incontinence</td>
<td>SEIZURE</td>
<td>Prevent injury, lateral position to protect airway, let seizure run its course, oxygen. If continues &gt;2min, call 911, give Diazepam (Valium) 5 mg IV or Midazolam. Repeat x1 in 5 min. if needed.</td>
</tr>
<tr>
<td>Anxious, rapid, shallow breathing, normal pulse, numbness, carpal-pedal spasm</td>
<td>HYPERVENTILATION</td>
<td>Reassure patient, slow-count breathing, place paper bag over mouth to re-breathe CO2. Assure patient is stable before leaving the clinic.</td>
</tr>
</tbody>
</table>
• Clinics should have written protocols for the management of medical emergencies, including bleeding, perforation, respiratory depression/arrest, anaphylaxis, and emergency transfer.
• Clinics should have hospital transfer agreements outlining the means of communication and transport and the protocol for emergent transfer of care. ([NAF CPGs 2016](https://workbook.pressbooks.com/chapter/managing-complications/))
• Emergency Scenarios are available for medical staff role-plays, debrief, and teaching at [teachtraining.org/Resources.html](https://teachtraining.org/Resources.html).

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