



OB/GYN Small Group Quick-Cases

Case 1

A 42 y/o F presents CAO in obvious distress c/o abd pn. She describes a 2-3 day hx of crampy abd pn “all over my belly” that suddenly became sharp and localized to the LLQ about 4 hours ago. She also c/o L shoulder pn. Pt denies any weakness, syncope, N/V, dizz, CP, diff brth. She states that she has not had her menstrual period for 2 months, but “there is no way I could be pregnant, I use protection and am on the pill”. PMH = PID, tubal ligation. PE reveals pn \bar{c} palp to LLQ, skin cool, pale, slightly diaphoretic. VS: HR = 104/min reg, BP = 102/60mmHg, RR = 16/min GTV, SpO₂ = 95% RA.

1. What is the patient’s airway, breathing, and circulation status? Is the patient in shock, and if so what category and what stage? Are there any issues that you want to address during the primary exam? Are they stable or unstable, rapid transport or delayed?
2. Make your best guess at a diagnosis. Be prepared to defend your best guess by using the patient’s signs and symptoms as well as your knowledge of the pathophysiology of disease.
3. Write out your treatment plan, and discuss how it will help the patient.

Preeclampsia
Eclampsia
Abruptio Placentae
Placenta Previa
Ectopic Pregnancy
Spontaneous Abortion
Ruptured Uterus
Supine HTN Syndrome

Case 2

A 44 y/o F presents CAO in NAD c/o vaginal bleeding. She states that she is pregnant c̄ an EDC of 5/23/2015. G5P4 with all pregnancies over the past 5 years. Pt states that she has experienced “a few” other episodes of vaginal bleeding during this pregnancy, each time after intercourse. Bleeding is described as “slight”, enough to be soaked up by 1 pad. Pt denies any pn, weakness, syncope, N/V, dizz, CP, diff brth. PE is unremarkable except for 1 pad with about 20cc of blood noted. VS: HR = 84/min & reg, BP = 128/80mmHg, RR = 14/min GTV, SpO₂ = 97% RA.

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Case 3

A 30 y/o F presents CAO in NAD c/o vaginal bleeding and abd pn. She states that she is “about 7 months” pregnant. G3P1A1 \bar{c} miscarriage. Pt states that she has not been receiving prenatal care and “frequently” smokes crack cocaine, last time 2 hrs ago. Pt denies weakness, syncope, N/V, dizz, CP, diff brth. PMH = TII DM, pt noncompliant \bar{c} meds. PE reveals active vag bleeding \bar{c} large clot in pt’s pants. VS: HR = 112/min reg, BP = 98/50mmHg, RR = 16/min GTV, SpO₂ = 94% RA.

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Case 4

A 26 y/o F presents CAO in NAD c/o headache x 3 days and blurred vision. Pt pregnant \bar{c} EDC of 6/15/2015. G1P0. Pt states that she has been receiving prenatal care, has had no issues to date, and has been taking her prenatal vitamins. Pt denies any other pn, weakness, syncope, N/V, dizz, CP, diff brth. \emptyset PMH, meds = prenatal vits, NKDA. PE reveals edema to face, hands, and feet. All other findings WNL. VS: HR = 88/min reg, BP = 152/102mmHg, RR = 16/min GTV, SpO₂ = 96% RA.

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Case 5

A 32 y/o F presents CAO sitting up in bed in NAD c/o weakness, dizziness, and near-syncope. Pt pregnant \bar{c} EDC of 6/24/2015. G3P2. Pt states that she has been receiving prenatal care, has been identified with partial previa, and has been put on bed rest for the remainder of her pregnancy. She describes frequent episodes of near-syncope while in bed which seem to be relieved with her “moving around, and sometimes getting up”. She last had an episode of light vaginal bleeding 3 days prior. Pt denies any pn, syncope, N/V, CP, diff brth. PMH = T1DM, HTN. Meds = prenatal vits, glucophage, labetalol. NKDA. PE unrk. VS: HR = 78/min reg, BP = 112/74mmHg, RR = 16/min GTV, SpO₂ = 96% RA.

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