ED Discharge Flowchart to Determine Follow-up Time

The most acutely ill and injured patients will likely be admitted to the hospital. For all others, follow the workflow outlined below:

< 20 weeks gestation

- Does patient have any of the following conditions?*
  - Ruptured ectopic pregnancy
  - Complications of induced abortion (hemorrhage, infection)
  - Active suicidal ideation or homicidal ideation
  - Sudden onset mania

≥ 20 weeks gestation

- Does patient have any of the following conditions?*
  - Placenta previa
  - Vasa previa
  - Placental abruption
  - Preeclampsia
  - Preterm labor
  - Hypertension
  - Prelabor rupture of membranes
  - Active suicidal ideation or homicidal ideation
  - Sudden onset mania
  - Other medical, surgical emergencies
  - e.g., appendicitis, cholecystitis, pyelonephritis,
  - cardiomyopathy, PE, amniotic fluid embolus, MI,
  - aortic/coronary dissection, CVA

Admit to Hospital

- No further follow-up by ED staff needed

Follow-up within 48 hours

- Pregnancy of unknown location (rule out ectopic)
- Threatened/spontaneous abortion
- Gestational diabetes
- Hyperemesis gravidarum
- Passive suicidal or homicidal ideation (new onset or increased intensity)
- Recent onset hypomania or potential psychosis symptoms
- 1st trimester bleeding

Follow-up within 7 days

- Planning pregnancy or need to establish prenatal care
- Daily prenatal vitamin
- Substance use cessation
- Hyperglycemia
- Follow-up with mental health provider if:
  - Chronic passive suicidal ideation or homicidal ideation
  - History of mania, bipolar disorder
  - Panic attacks

*Not all conditions listed. This is an abridged list of conditions where patient is often sent home, but follow-up is needed.