

Singleton Hospital Emergency Gynaecology Services –

Covid-19 Pathways version 7

We are planning on the basis that we aim to reduce the opportunities for the virus to spread while still providing timely care to those who may come to harm if their care is delayed. It is undesirable to have lots of patients in waiting areas where it is hard to achieve distancing so we aim to reduce the number of patients coming through services where possible and appropriate.

It may be that a patient develops an urgent gynaecological problem while they have a known or suspected Covid-19 infection and this will tell you how these patients should be managed.

Box 1: Criteria suggesting Covid-19 infection:

Fever $>37.8^{\circ}\text{C}$ and at least one of the following which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, or sneezing.

Early Pregnancy Unit (EPU)

As of Monday 23rd March we have moved to using a scoring system (Appendix 1) to determine which patients need to be assessed in person and the EPU appointment book will no longer be accessible out of hours. When you receive a call (from a GP, A&E, etc.) requesting an EPU appointment, you should explain that the patient will be contacted each morning by telephone by EPU staff to triage them using the scoring system. They won't necessarily have a scan, depending on their score. You don't need to use the scoring system yourself but should record the patient's contact details on the form at Appendix 2 and check that they are not currently displaying any signs of Covid-19 infection (see box above). Any unstable patient should be assessed on Ward 4, Room 6 in the usual way.

If a patient has known or suspected Covid-19 infection and the scoring system indicates that they should be clinically assessed and scanned, then as long as they are not critically unwell (see [Hospital guideline](#)), they will be advised to attend Ward 4, Cubicle 4 where they can be seen and assessed in side room designated for this purpose. The staff performing this should wear the appropriate level personal protective equipment (PPE).

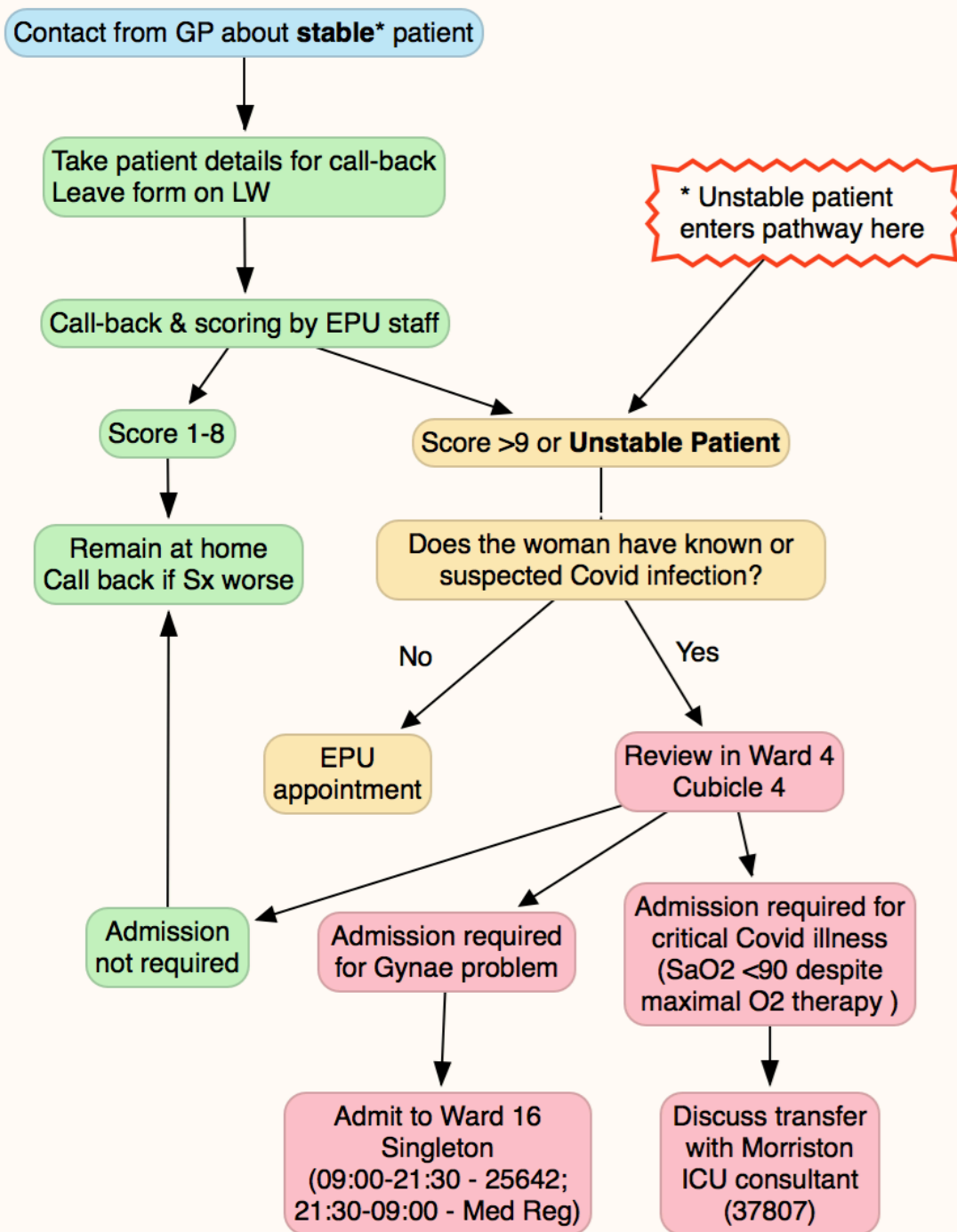
If an ultrasound scan is required then this will be performed in Radiology and there should be telephone contact made with Ultrasound (35467) to arrange this. If it is possible to manage them as an outpatient then every effort should be made to do so. A consultant gynaecologist should be involved in this decision-making.

More information here:
covid-19hospitalguideline.wales.nhs.uk



If a known or suspected Covid patient needs admission for a gynaecological problem then you should discuss with the Covid team (25642 between 09:00 and 21:30; Med Reg otherwise) regarding transfer to Ward 16. Critically ill patients should be discussed with the Morriston ICU Consultant (37807) and will usually be directed to Morriston A&E. The Consultant on-call (25510) should also be informed.

Flow Chart for Early Pregnancy Problems



Emergency Gynaecology Clinic (EGC)

From Monday 23rd March onwards when a GP phones to ask for an EGC appointment they should be informed that a telephone triage consultation will be done by a consultant to see if attendance can be avoided.

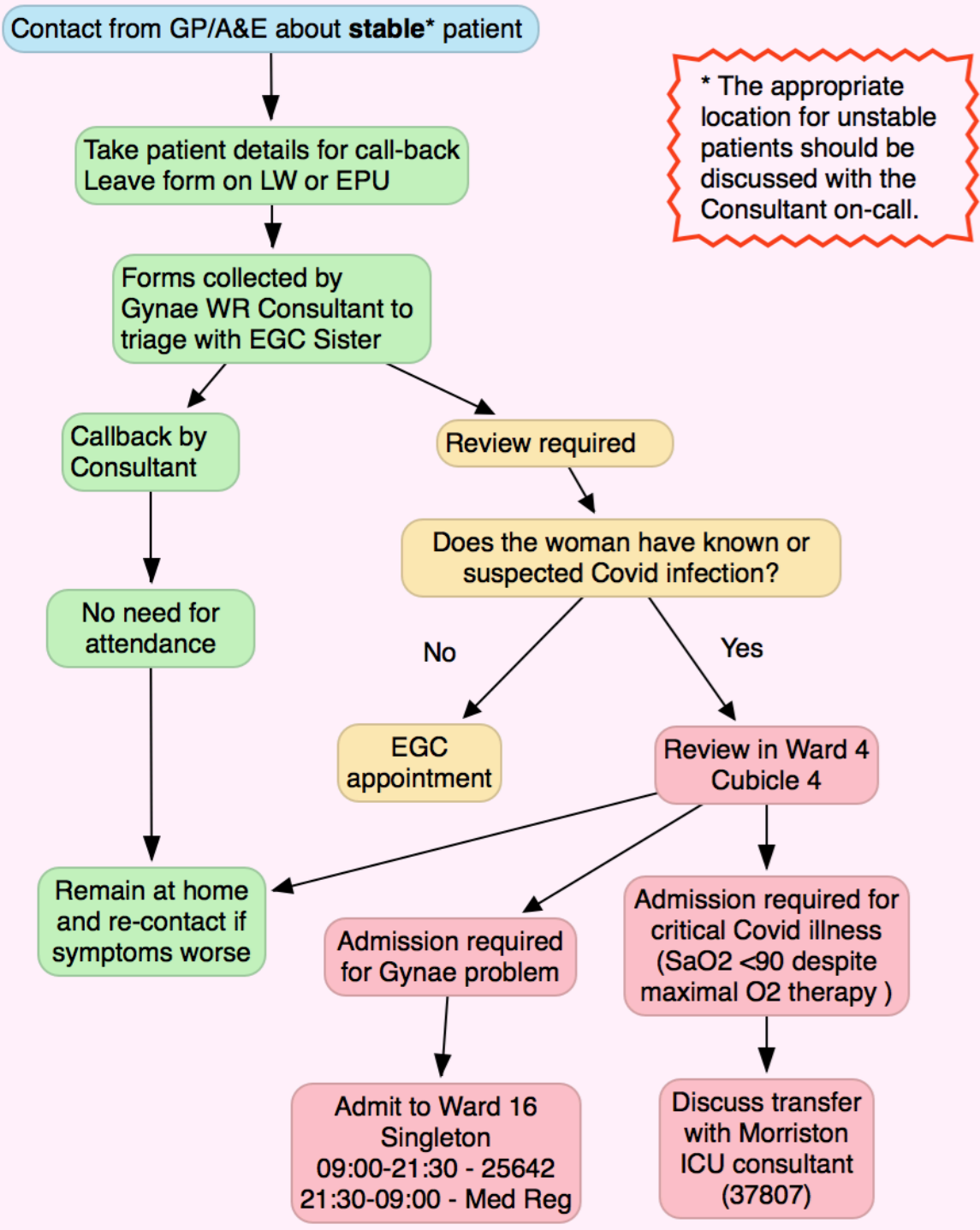
You should record the patient's details on the form at Appendix 2 and find out whether they have any symptoms suggestive of Covid-19 infection (see box above).

If you take a call out of hours then you must pass on the details at handover. The daytime gynae registrar is responsible for passing the details to the consultant named on the rota for the Gynae Ward Round. This consultant will telephone the patient and determine how the patient should be managed. This responsibility may be delegated to another **consultant** colleague if other clinical duties prevent the ward round consultant from carrying it out in the morning.

If the consultant deems it essential that the patient is seen then they will be given an appointment in the EGC for that afternoon. If the patient has known or suspected Cov-19 infection and the consultant decides that they should be clinically assessed then as long as they are not critically unwell (see Box 2), they will be advised to attend Ward 4, Cubicle 4 where they can be seen and assessed. The staff performing this should wear the appropriate level of PPE. If an ultrasound scan is required then this will be performed in Radiology and there should be telephone contact made with Ultrasound (35467) to arrange this. If it is possible to manage them as an outpatient then every effort should be made to do so.

If a known or suspected Covid patient needs admission for a gynaecological problem then you should discuss with the Covid team (25642 between 09:00 and 21:30; Med Reg otherwise) regarding transfer to Ward 16. Critically ill patients should be discussed with the Morriston ICU Consultant (37807) and will usually be directed to Morriston A&E. The Consultant on-call (25510) should also be informed.

Flow Chart for Emergency Gynaecology Clinic



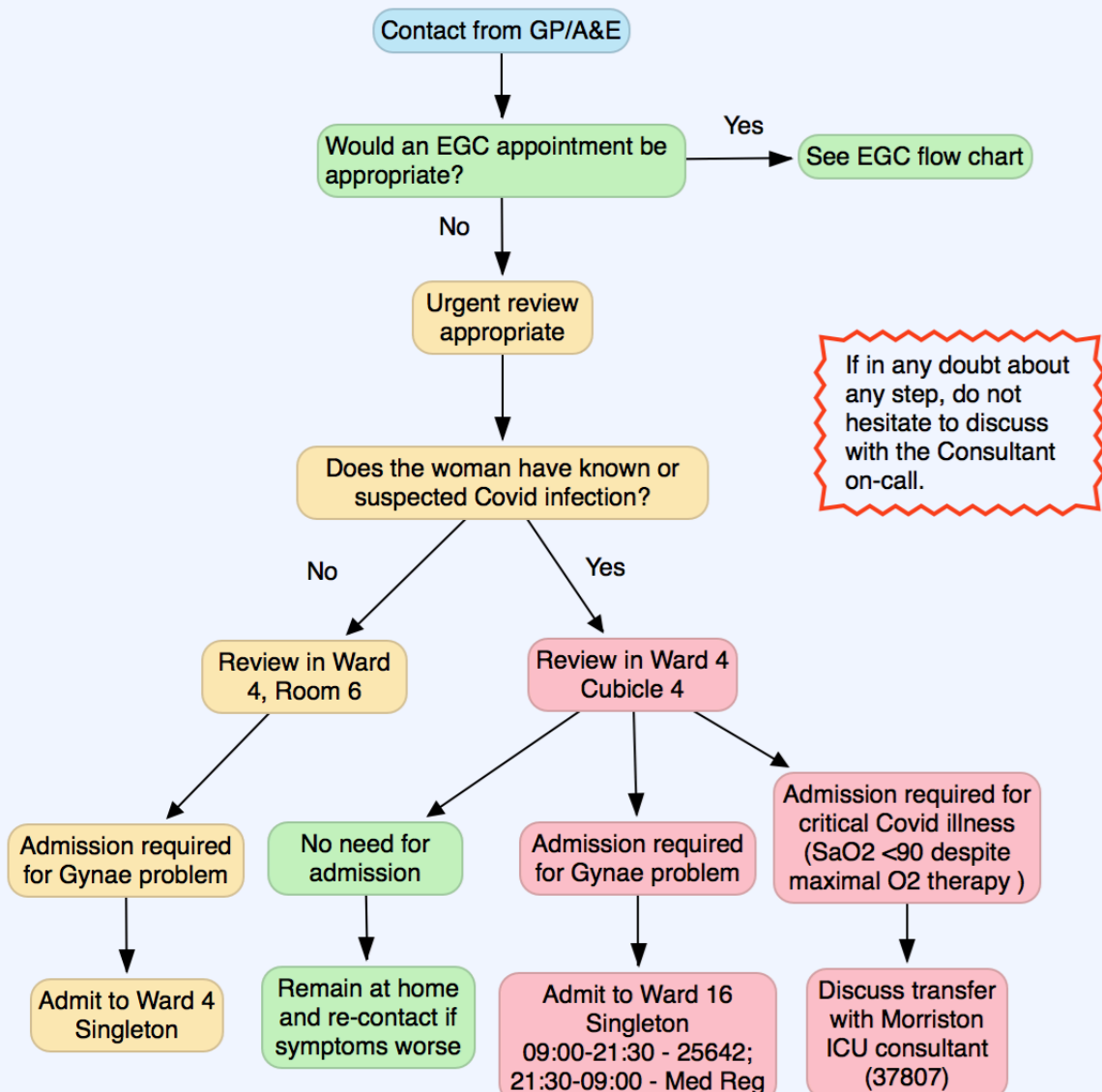
Referrals for urgent review

If you are contacted by Morriston A&E or any other source about patients who need review then you should first confirm that they do not have any signs or symptoms of Covid-19 infection. These patients may be assessed on Ward 4 (Room 6) in the usual manner but if the matter is non-urgent then consideration should be given to telephone triage by the EGC consultant.

If a patient with known or suspected Covid-19 infection is referred for Gynae assessment, the on-call consultant should be consulted before they are accepted for transfer. If accepted then they should be seen in Ward 4, Cubicle 4 by staff wearing the appropriate level of PPE. If an ultrasound scan is required then this will be performed in Radiology and there should be telephone contact made with Ultrasound (35467) to arrange this. If it is possible to manage them as an outpatient then every effort should be made to do so.

If a known or suspected Covid patient needs admission for a gynaecological problem then you should discuss with the Covid team (25642 between 09:00 and 21:30; Med Reg otherwise) regarding transfer to Ward 16. Critically ill patients should be discussed with the Morriston ICU Consultant (37807) and will usually be directed to Morriston A&E. The Consultant on-call (25510) should also be informed.

Flow Chart for Urgent Gynae Review referrals



Pregnancy Advisory Service

The Pregnancy Advisory Service (PAS) has moved to a telephone-based model of care with medical termination of pregnancy at home. It should be noted that this model does not include prior sonography so that clinicians should be aware that ectopic pregnancy has not been excluded in these women.

As women may have difficulty in accessing primary care to get referred to PAS, they may contact emergency gynae or other services to do this. Women who wish to discuss termination of pregnancy should be advised to phone 01792 200303 to make an appointment.

Contraception

The Primary Care Women's Health Forum has produced a resource on managing contraceptive provision during the coronavirus pandemic without face to face consultations.

You can access this resource through the following link: *'How to manage contraceptive provision without face to face consultations'* <https://bit.ly/3esteTN>

Hormone Replacement Therapy

The Primary Care Women's Health Forum has also produced a resource on managing HRT provision during this pandemic. Do bear in mind that certain HRT preparations remain unavailable and manufacturers' timescales to have some products (such as Evorel) available again are likely to have slipped considerably because of the pandemic.

You can access this resource through the following link: *'How to manage HRT provision without face to face consultations'*. <https://bit.ly/2VAsraq>

Appendix 1 – EPU Scoring System

Level A Risks		Level B Risks		Level C Risks	
Previous ectopic	9	Chlamydia/PID	3	Surgical EVAC	1
Tubal surgery/damage	9	IVF pregnancy	3	STOP/MTOP	1
Prev ruptured appendix/acute pelvic surgery	9	Uninvestigated infertility > 1 year	3	Investigated infertility = patent tubes	1
IUCD in situ	9	Age 40 yrs +	3	Endometriosis	1
Sterilisation	9	Previous Pelvic surgery/C/S	3	Ethnic origin – African/afro Caribbean	1
		Conceived on OCP/morning after pill	3		
		Previous smoker > 10 per day	3	Previous smoker > 5 per day	1
		Current smoker > 5 per day	3	Current smoker < 5 per day	1

Level A symptoms		Level B symptoms		Level C symptoms	
Significant IF pain	9	Intermittent/current mild IF pain	3	Resolved, mild IF discomfort	1
Significant PV bleeding	9	light PV bleeding of less than 24hrs duration	3	PV spotting of less than 48 hrs duration	1
PV spotting >72hrs	9	Erratic PV bleeding	3	Reduced pregnancy symptoms	1
		PV spotting 48 hrs duration	3	Central crampy pain	1
		Marked loss of pregnancy symptoms	3		
		Significant central crampy pain	3		
		Bowel upset/diarrhoea	3		

Combine the scores for risks and symptoms:

>9 - Arrange to be seen in next available EPU slot

5-8 - If another adult at home, advise to observe symptoms 24 hours and call back if deterioration/change in symptoms.

<5 - Observe symptoms for 24-48 hours and call back if deterioration/change in symptoms

Patients below 6 weeks

Observe spotting for minimum of 2 days and if this persists she should call back. β -HCG should then be offered, along with USS if the HCG is >1500.

If the bleeding becomes period-like she should be asked to repeat a pregnancy test 7 days after the bleeding stops in expectation that this will be negative, if positive she should be instructed to contact EPU. If the bleeding persists for significantly longer than her normal period or she develops unilateral pain she should seek advice from EPU.

APPENDIX 2 – Form to record patient details for EPU or EGC callback.

Please complete **all** of Section A and **either** the EPU or EGC part of Section B.

Section A

Patient Name:		Date of Birth:	
Address		Phone Number(s): (Daytime)	
Hospital No. or NHS No. (if known):			
Requesting Doctor:		Contact Phone No.	
Doctor taking call:		Date:	Time:

Section B

Complete **either** the EPU or EGC section.

Early Pregnancy Unit referrals					Emergency Gynae Clinic referrals				
LMP or gestation					LMP				
Symptoms					Symptoms				
Self Isolating?	Yes		No		Self Isolating?	Yes		No	
Covid symptoms?	Yes		No		Covid symptoms?	Yes		No	