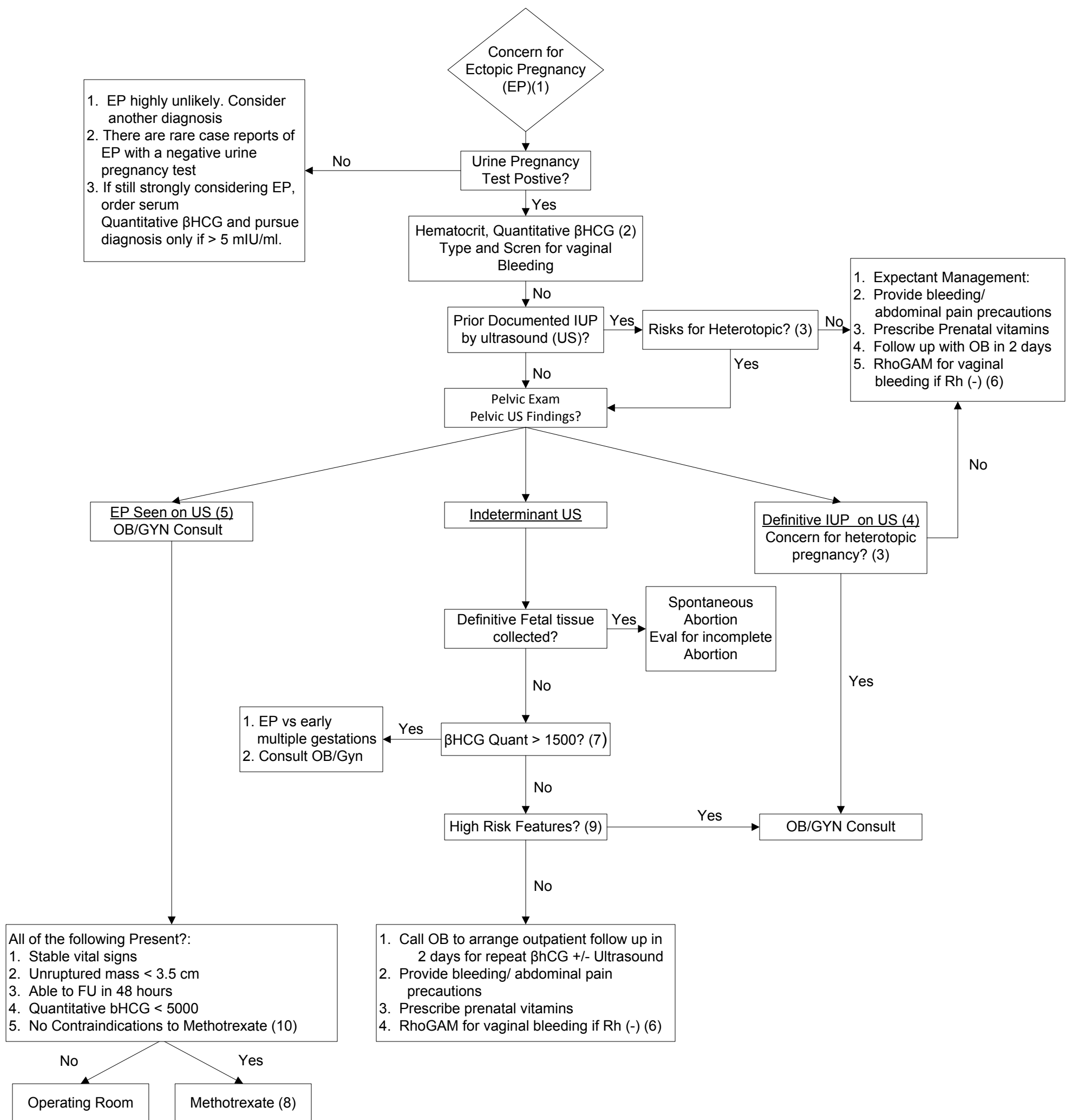


Diagnosis of Ectopic Pregnancy



1. Childbearing age female with any of the following (1) abdominal/pelvic pain, (2) adnexal mass, (3) vaginal bleeding, (4) syncope, (5) dizziness
2. Serum quantitative βHCG result should not delay bedside ultrasound. It is not required to confirm definitive IUP by bedside ultrasound.
3. Patient with a history assisted reproductive fertility (including *in vitro* fertilization or ovulation induction agents)
4. Definitive IUP: Gestational sac with yolk sac/fetal pole
5. Definitive EP: Gestational sac containing clearly defined yolk sac or fetal pole outside of endometrial cavity (including cornua)
6. RhoGAM (50 mcg IM if < 12 wks, 300 mcg IM if > 12 wks) for vaginal bleeding/Rh (-)
7. "Discrimanatory Zone" is the Quantitative βHCG above which an IUP should be seen in single gestations
8. Methotrexate dosing: 50 mg/m² IM
9. High risk features: h/o tubal ligation or tubal surgery, PID, previous EP, technically inadequate US, adnexal masses, moderate to large amount of free fluid in the cul de sac.
10. Contraindication to Methotrexate: Breast Feeding, Immunodeficiency, Alcoholism, Pre-existing liver disease or dysfunctions, Hypersensitivity to Methotrexate, Active Pulmonary Disease, Peptic Ulcer Disease, Renal Dysfunction, thrombocytopenia

This guideline was ratified by the emergency department faculty at Maine Medical Center in June 2010. It reflects our expert opinion and is not necessarily applicable to all institutions. It is intended to be a reference for clinicians caring for patients and is not intended to replace providers' clinical judgment.