

**Table 3. Notes on Laboratory Studies and Imaging**

TEST	NOTES	ACTION
Pregnancy tests	The false-positive test rate with modern home pregnancy test kits is near zero, but adolescents are at increased risk for obtaining a false-negative urine test at home. <sup>1</sup>	Obtain a urine pregnancy test in all adolescents who may be or think they are pregnant, and obtain a quantitative serum HCG and progesterone test in all patients in whom a threatened abortion is a consideration.
Blood type determination	All pregnant teenagers should have a blood type determination early in the pregnancy. This may have to be repeated in the ED if not readily available.	In the absence of certain knowledge of the patient's RH status, give a dose of RH immune globulin (RhoGAM) to any pregnant teenager with vaginal bleeding or other signs associated with miscarriage or threatened fetomaternal transfusion.
Kleihauer-Betke test	Testing maternal blood for fetal hemoglobin may provide useful information. <sup>2,3</sup>	Do not await its result if clinical suspicion for transplacental hemorrhage is high. The amount of RhoGAM will need to be adjusted accordingly.
C-reactive protein (CRP) and fetal fibronectin	Elevated results may be predictive of threatening pre-term delivery. <sup>4</sup> The fact that CRP is elevated in this setting supports the emerging role of inflammation in the pathophysiology of preterm delivery and placental dysfunction.	
Ultrasound (US) to detect pregnancy	Initial US is a moderately sensitive tool for initial detection of pregnancy in trauma patients. Transvaginal ultrasound can be more sensitive in early pregnancy when determining the potential for an ectopic pregnancy.	Consider an US in all female trauma patients of reproductive age, especially when urine or serum markers may have long turnaround times. <sup>5</sup>
Ultrasound (US) to detect trauma	Screening US is moderately sensitive (80%) and highly specific (100%) for detecting major abdominal injury in pregnant victims of blunt abdominal trauma. <sup>6</sup>	Use US to look for free fluid accumulation in pregnant blunt trauma patients, especially in the left and right upper quadrants and pelvis, and for isolated fluid in the pelvis. <sup>7</sup>
Plain radiographs (x-rays)	Plain x-rays deliver minimal radiation to the uterus when adequate shielding is provided.	Judiciously use these in any stage of pregnancy.

<sup>1</sup> Sadler LS, et al. *MCN Am J Matern Child Nurs* 2004 January;29(1):50-5.

<sup>2</sup> Dhanraj D, et al. *Am J Obstet Gynecol* 2004 May;190(5):1461-3.

<sup>3</sup> Muench MV, et al. *J Trauma* 2004 November;57(5):1094-8.

<sup>4</sup> Reron A, et al. *Neuro Endocrinol Lett* 2004 August;25(4):302-6.

<sup>5</sup> Bochicchio GV, et al. *J Trauma* 2002 June;52(6):1125-8.

<sup>6</sup> Brown MA, et al. *J Ultrasound Med* 2005 February;24(2):175-81.

<sup>7</sup> Richards JR, et al. *Radiology* 2004 November;233(2):463-70.