Diagnosis of Ectopic Pregnancy

1. EP highly unlikely. Consider another diagnosis
2. There are rare case reports of EP with a negative urine pregnancy test
3. If still strongly considering EP, order serum Quantitative βHCG and pursue diagnosis only if > 5 mIU/ml.

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 (-) (6)

7. “Discriminatory 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.

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