

# **Keeping the Woman Safe in the NASG**

At the Referral Hospital

# Number of People to Apply NASG

- Two people can apply the leg segment pairs (#1, #2, #3), with each person applying segments to one leg. HOWEVER, only one person should apply pelvic and abdominal segments (#4, #5 and #6)



# Women in Shock Need One-to-One Nursing Care

Women in shock should not be left alone



# If Difficulty Breathing?

If the woman has difficulty breathing, slightly loosen the abdominal segment, #6



# Monitor Urine Output

If the woman is not producing urine (30mL/hour), the abdominal segment (#5 and #6) might be too tight. Loosen it slightly



# If the Woman Needs a Vaginal Procedure

Keep the whole NASG on, do not open or  
remove any segments



# If the Woman Needs Surgery

- Only open the abdominal and pelvic segments (#4, #5, #6)
- Open those segments immediately before the first incision
- Prepare anesthesiologist/anesthetist that the blood pressure may drop when segments #5 and #6 are opened and to prepare to give boluses of IV fluids



# Post surgery

- Close segments #4, #5, and #6 immediately after surgery
- Keep the NASG in place until the woman has been stable for 2 hours.





# Begin Removal after Woman is Stable

Only remove the NASG when the woman has had stable vital signs and blood loss of <50mL/hour for 2 hours



# Begin NASG Removal at the ANKLES #1

Always start NASG removal at the ankles.  
Allow 15 minutes between opening segment  
pairs/segments



# NEVER OPEN SEGMENT 6 FIRST

Never open the abdominal segment #6 first



# Rule of 20

If at any time during removal the blood pressure drops by 20 mmHg or the pulse increases by 20 beats per minute, rapidly reapply all segments and re-examine the patient for additional sources of bleeding

