

Stage 1: OB Hemorrhage

Cumulative Blood Loss > 500 ml Vaginal Birth or > 1000 ml C/S

Primary RN

- Call provider to bedside
- Notify charge RN to activate stage 1
- Ensure 18 G IV access
- Increase IV Fluids, oxytocin infusing?
- Vigorous, intermittent fundal massage
- VS q5min
- O2 PRN (sat <95%)
- Strict I&Os
- Warm Blankets

Second RN

- Retrieve PPH med kit, IV fluids, warm blankets
- Quantify Blood Loss (QBL) q5-10 minutes
- Utilize checklist to suggest next steps
- Document

Charge RN

- Assign 2nd RN
- Retrieve PPH cart
- Retrieve WOW(work-station on wheels)
- Assign runner for blood bank

OB, FM, CNM

- ID and treat per etiology
- I&O cath or place foley with urometer
- Order T&C for 2 units PRBCs
- OB chief: notify OB attending

- Stage 1 focuses on avoiding DENIAL and DELAY
- Activate hemorrhage protocol
- Initiate preparations

~~Denial~~

~~Delay~~

Medications to Consider (in no particular order)

Oxytocin
(Pitocin)

10-40 units in 500-1000ml of solution (max of 60 units)
Time given: _____

Methergine
(Methylergonovine)

0.2mg IM if not hypertensive
Time given: _____

Hemabate
(Carboprost)

250mcg IM (may repeat q15 minutes/max 8 doses)
Avoid with asthma, caution with HTN
Time given _____

Cytotec
(Misoprostol)

800-1000 mcg PR
Time given: _____

Tranexamic Acid
(TXA)

1000mg of TXA in 100ml of NS over 10 minutes
Time given: _____



Stage 2: OB Hemorrhage

Continued bleeding (less than 1500ml)

OR— Vital Signs >15 % change

OR—HR \geq 110, BP \leq 85/45, O2 Sat < 95%

Primary RN

- Notify Charge RN re: Stage 2 (to activate OB Fast Team)
- Place 2nd IV, draw CBC, BMP, coags, PT, PTT, fibrinogen
- Increase IV fluids, Oxytocin infusing?
- Vigorous intermittent fundal massage
- VS q5min
- O2 PRN sats < 95%
- Strict I&Os
- Warm blankets

Second RN

- Retrieve bedside US
- Retrieve PPH med kit, IV fluids, warm blankets
- Quantify Blood Loss (QBL) q5-10 minutes
- Utilize checklist to suggest next steps
- Document

Charge RN

- Call OB Fast Team
- Prepare OR (notify scrub tech)
- Send runner to blood bank
- Notify VIR PRN (4-0420)
- Assign 2nd RN
- Retrieve PPH cart
- Retrieve WOW

OB, FM, CNM

- Vaginal Birth
- Bimanual fundal massage
 - Retained placenta: D&C
 - Lower segment / implantation site/atony: Bakri Balloon Insertion
 - Laceration / hematoma: Packing, repair as required
 - Insert foley catheter with urometer
 - Consider VIR [4-0420]
- Cesarean Birth
- B-Lynch suture
 - Bakri Balloon Insertion
 - Uterine Artery Ligation

Anesthesia

- Assist with access & labs
- Order labs
- Order 2units pRBCs, 2u FFP
- Assist with transfusion
- Assess pain/ dose epidural if in place

****shaded areas indicate steps from previous stage****

Stage 2 is focused on:

- sequentially advancing through medications and procedures
- mobilizing help
- Keeping ahead with volume and blood products

Stage 3: OB Hemorrhage

Total blood loss over 1500ml
OR >2 units PRBCs given

OR unstable VS OR suspicion of DIC

MOVE TO OR

Primary RN

- Notify Charge RN re: Stage 3
- Circulate in OR
- Apply SCDs
- Alert NBN/LD RN to assume care of baby
- Call OB Fast team
- Complete stage 2 checklist

Second RN

- Retrieve PPH med kit, IV fluids, warm blankets
- Quantify Blood Loss (QBL) q5-10 minutes
- Utilize checklist to suggest next steps
- Document
- Retrieve bedside US

Charge RN

- Activate Massive Transfusion Protocol at MDs request : call 4-1780
- Call MFM back up
- Notify GYN ONC surgeons
- Notify house supervisor re: need for ICU bed
- Update family (contact social worker/chaplain)
- Reassign staff as needed
- Send runner to blood bank

OB

- Continue to treat as per etiology
- Consider DIC/ Coagulation Dysfunction
- Consider VIR (4-0420)

Anesthesia

- Continue to administer meds, blood products, volume replacement
- Labs, arterial blood gases
- Invasive monitoring PRN
- Re-dose antibiotics

Stage 3 focuses on:

- massive transfusion protocol
- invasive surgical approaches for control of bleeding

****shaded areas indicate steps from previous stages****