Postpartum Hemorrhage

Stage 1 Bleed
☐ Call for help and have someone bring the Uterine Tamponade Balloon Kit (Hemorrhage kit) to room
   ➢ Notify Anesthesia, Charge Nurse, OB
☐ Establish IV access if not present (at least 18 gauge)
   ➢ Establish 2nd large bore IV or Saline lock
   ➢ Increase Oxytocin rate (to at least 500ml/hr)
☐ Draw Stat labs (CBC, PT/PTT, Fibrinogen/D-Dimer, T & S) (notify lab of draw)
   ➢ Type and Cross;
      ➢ 3 Units RBCs
      ➢ 3 units FFP
      ➢ 1 unit Apheresed Platelets
☐ Continue vigorous fundal massage
☐ Administer Uterotonic medication ordered by Provider
   ➢ No response to first dose – move on to alternate agent
   ➢ Good response to first dose - give additional doses as ordered
☐ Empty bladder - consider indwelling catheter
☐ Weigh peripads and chucks to estimate blood loss
   ➢ Record blood loss volume Q 15min
☐ Physician or Midwife
   ➢ Rule out retained Products of Conception, laceration, hematoma
☐ Surgeon if C/S
   ➢ Inspect for uncontrolled bleeding at all levels, esp. broad ligament, posterior uterus and retained placenta consider uterine tamponade

Stage 2 Bleed
☐ All items from Stage 1 AND:
☐ Ensure labs are drawn and ‘super Stat’
☐ Activate response team
   ➢ Notify second OB
   ➢ Anesthesia to bedside
   ➢ Nursing Supervisor
   ➢ Notify Blood bank of Massive Transfusion Protocol and Designate a ‘blood runner’
   ➢ Get Rapid Infuser
   ➢ Interventional radiology if ability to do embolization
   ➢ Type and Cross total of;
      ➢ 6 units packed RBCs
      ➢ 6 units FFPs
      ➢ 1 unit Apheresed Platelets
      ➢ 10 units Cryoprecipitate
☐ Assess and announce vital signs q 5 min
   ➢ including pad/chucks volume
☐ Bimanual massage
☐ Record hourly urine output with urimeter
☐ Move to OR
   ➢ Prepare Hys tray
   ➢ Prepare for Embolization if avail in house
   **If bleeding ongoing – repeat CBC/PLTs,Coag panel II Stat and Chem 12 panel q 30-60min

After 8-10 units of PRBCCs and coagulation factor replacement may consider risk/benefit of rFactor Villa

Medication doses
Oxytocin:
- Premixed 30units/500cc IVF – increased rate after del of placenta (at least 500ml/hr)
  - 10units IM X 1 dose

Methylergonovine maleate (not with hypertension)
- 2mg IM (NOT IV) Q2-4hrs

Carboprost tromethamine (Hemabate) (not with Asthma)
- 250mcg IM or intramyometrial (NOT IV) Q15-90 min – do not exceed 8 doses/24hr

Misoprostol (Cytotec)
- 600mcg-1000mcg PR x 1 dose
- 400mcg- 800mcg SL X 1 dose

PRBCs (approx 35-40 min for crossmatch—once sample is in the lab and assuming no antibodies present
FFP (approx 35-45 min to thaw for release
PLTS Local variation in time to release (may need to come from regional blood bank)
CRYO (approx 35-45 min to thaw for release)

Revised 10/03/2013