

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 500m/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 Aphoresed 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 Aphoresed 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/PTs, Coag panel II Stat and Chem 12 panel q 30-60min**

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)

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