

Obstetric Hemorrhage Checklist

Complete all steps in prior stages plus current stage regardless of stage in which the patient presents.

RECOGNITION:

Call for assistance (Obstetric Hemorrhage Team)

Designate: Team leader _____ Checklist reader/recorder Primary RN

Announce: Cumulative blood loss Vital signs _____ Determine stage

STAGE 1: BLOOD LOSS > 500 mL vaginal OR blood loss > 1000 mL cesarean with normal vital signs and lab values

INITIAL STEPS:

- Ensure 16G or 18G IV Access
- Increase IV fluid (crystalloid without oxytocin)
- Insert indwelling urinary catheter
- Fundal massage

MEDICATIONS:

- Increase oxytocin, additional uterotonics

BLOOD BANK:

- Type and Crossmatch 2 units RBCs

ACTION:

- Determine etiology and treat
- Prepare OR, if clinically indicated (optimize visualization/examination)

Oxytocin (Pitocin):

10-40 units per 500-1000mL solution

Methylergonovine (Methergine):

0.2 milligrams IM

15-methyl PGF₂α (Hemabate, Carboprost):

250 micrograms IM

(may repeat in q15 minutes, maximum 8 doses)

Misoprostol (Cytotec):

800-1000 micrograms PR

600 micrograms PO or 800 micrograms SL

Tone (i.e., atony)

Trauma (i.e., laceration)

Tissue (i.e., retained products)

Thrombin (i.e., coagulation dysfunction)

STAGE 2: CONTINUED BLEEDING (EBL up to 1500mL OR > 2 uterotonics) with normal vital signs and lab values

INITIAL STEPS:

- Mobilize additional help
- Place 2nd IV (16-18G)
- Draw STAT labs (CBC, Coags, Fibrinogen)
- Prepare OR

MEDICATIONS:

- Continue Stage 1 medications

BLOOD BANK:

- Obtain 2 units RBCs (DO NOT wait for labs. Transfuse per clinical signs/symptoms)
- Thaw 2 units FFP

ACTION:

- Escalate therapy with goal of hemostasis

Huddle and move to Stage 3 if continued blood loss and/or abnormal VS



REVISED OCTOBER 2015

Safe Motherhood Initiative

STAGE 3: CONTINUED BLEEDING (EBL > 1500mL OR > 2 RBCs given OR at risk for occult bleeding/coagulopathy OR any patient with abnormal vital signs/labs/oliguria)

INITIAL STEPS:

- Mobilize additional help
- Move to OR
- Announce clinical status (vital signs, cumulative blood loss, etiology)
- Outline and communicate plan

MEDICATIONS:

- Continue Stage 1 medications

BLOOD BANK:

- Initiate Massive Transfusion Protocol (If clinical coagulopathy: add cryoprecipitate, consult for additional agents)

ACTION:

- Achieve hemostasis, intervention based on etiology

Oxytocin (Pitocin):

10-40 units per 500-1000mL solution

Methylergonovine (Methergine):

0.2 milligrams IM

15-methyl PGF₂α (Hemabate, Carboprost):

250 micrograms IM

(may repeat in q15 minutes, maximum 8 doses)

Misoprostol (Cytotec):

800-1000 micrograms PR

600 micrograms PO or 800 micrograms SL

STAGE 4: CARDIOVASCULAR COLLAPSE (massive hemorrhage, profound hypovolemic shock, or amniotic fluid embolism)

INITIAL STEP:

- Mobilize additional resources

MEDICATIONS:

- ACLS

BLOOD BANK:

- Simultaneous aggressive massive transfusion

ACTION:

- Immediate surgical intervention to ensure hemostasis (hysterectomy)

Post-Hemorrhage Management

- Determine disposition of patient
- Debrief with the whole obstetric care team
- Debrief with patient and family
- Document