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

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**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)

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### Medications

- **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

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**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

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

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**Safe Motherhood Initiative**

**Revised October 2015**
SAFE MOTHERHOOD INITIATIVE

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 (CYTOTECH):
800-1000 micrograms PR
600 micrograms PO or 800 micrograms SL

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)

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

Safe Motherhood Initiative