

OB HEMORRHAGE TOOLKIT POCKET CARD



NCPPOP-Northeastern
California Perinatal
Outreach Program

OB Hemorrhage Toolkit Pocket Card

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Identify Risk on Admission

OB Hemorrhage—No Denial—No Delay	
Low Risk: <ul style="list-style-type: none"> No previous uterine incision Singleton Pregnancy ≤ 4 previous vaginal births No known bleeding disorder No history of PPH 	Hold Specimen
Medium Risk: <ul style="list-style-type: none"> Prior c/s or uterine surgery Multiple gestation > 4 previous vaginal births Chorioamnionitis History of previous PPH Large uterine fibroids 	Type and Screen
High Risk: <ul style="list-style-type: none"> Placenta Previa, or low lying Suspected accreta or percreta HCT < 30 AND other risk factors Platelets < 100,000 Active bleeding on admit Known coagulopathy 	Type and Cross



Stage 0

Stage 0 <ul style="list-style-type: none"> Active management with oxytocin infusion of 10-40 units/500-1000 mL titrated; or 10 units IM
Action <ul style="list-style-type: none"> Quantitative evaluation of cumulative blood loss: use of graduated containers, visual comparisons, and weighing blood soaked materials after delivery of placenta. 1gm = 1mL Ongoing evaluation of vital signs per hospital protocol; more if needed per patient condition.
Proceed to STAGE 1 if: <ul style="list-style-type: none"> cumulative blood loss > 500 mL for vaginal or > 1000 mL for C/S OR VS > 18% change (HR ≥ 110, BP ≤ 85/45, O₂ sat < 95%) OR bleeding during recovery or postpartum



Stage 1

Stage 1 <p>Continued bleeding and Blood loss: > 500 ml vaginal or > 1000 ml C/S, OR VS changes (by > 18% or HR ≥ 110, BP ≤ 85/45) sat < 95% OR increased bleeding during recovery period.</p>
Mobilize <ul style="list-style-type: none"> Notify OB/CNM Notify Charge RN Notify Anesthesia provider
Actions <ul style="list-style-type: none"> Establish 16g IV Infuse oxytocin 500mL/hr (10-40 units/500-1000 mL) Vigorous fundal massage Administer 2nd uterotonic Vital signs including O₂ sat q 5 minutes Weigh and calculate blood loss Administer O₂ to keep sats >95% Empty bladder – Foley with urimeter Type and Cross for 2 units PRBCs Keep patient warm
Consider potential etiologies: atony, trauma, laceration, retained placenta, APE, inversion, coagulopathy, accreta Proceed to STAGE 2 if: <ul style="list-style-type: none"> Continued bleeding or continued VS instability, & < 1500 ml cumulative blood loss



Stage 2

Stage 2 <p>Continued bleeding or Vital Sign instability, and < 1500 mL cumulative blood loss</p>
Mobilize <ul style="list-style-type: none"> OB/CNM at bedside; 2nd OB or perinatologist & anesthesiologist called to assist; Charge nurse: assign recorder and runner, notify nursing supervisor, call radiology to prepare for IR if available, and call for second anesthesiologist Notify Rapid Response Team Assign a 2nd RN to communicate with blood bank and offer family support
Actions <ul style="list-style-type: none"> Administer hemabate or misoprostil Move to OR Transfuse 2 U PRBC (do not wait for lab results); blood warmer; request for blood bank to thaw FFP Order STAT CBC/plts, Chem 12, Coag panel, and ABG Start 2nd IV Weigh & calculate cumulative blood loss Announce vital signs Ready essential equipment.
THINK: <p>Prepare for procedures/interventions based on etiology for: balloon, selective embolization with IR (atony), repair (trauma), B-lymph suture for (C/S), etc. Proceed to STAGE 3 if: <ul style="list-style-type: none"> still bleeding, cumulative blood loss > 1500 mL, > 2 units PRBCs given, VS unstable or suspicion for DIC </p>



Stage 3

Stage 3 <p>Cumulative blood loss > 1500 mL, > 2 U PRBCs given, VS unstable or suspect DIC</p>
Mobilize <ul style="list-style-type: none"> Activate Massive Transfusion Protocol Notify GYN/Onc Surgeon Call in OR staff (anesthesia assist) Call in supervisor, CNS, Manager Blood bank to stay ahead of blood products
Actions <ul style="list-style-type: none"> Announce VS and cumulative blood loss Assist anesthesiologist with art line, PA or CVP line, or intubation. Use fluid warmer and/or rapid infuser Keep patient warm. Apply sequential compression stockings to lower extremities. Repeat labs q 30-60 minutes.
THINK: <ul style="list-style-type: none"> Selective Embolization (IR) Interventions based on etiology from previous stage not yet completed; prevent hypothermia, acidemia, and hypocalcemia Surgeries: uterine artery ligation or hysterectomy For resuscitation: aggressively transfuse based on VS, and blood loss. After first 2 units PRBC, near equal FFP and PRBC for massive hemorrhage 4-6 PRBC:4FFP:1 apheresis platelets Once stable: modify postpartum management consider ICU



Blood Products

Packed Red Blood Cells (PRBCs) <ul style="list-style-type: none"> Best first line product 1 unit = 200 mL volume If antibody positive, may take 1-24 hrs for crossmatch
Fresh Frozen Plasma (FFP) <ul style="list-style-type: none"> Approximately 35-45 min to thaw Highly desired if > 2 units PRBCs given, or for prolonged PT, PTT 1 unit = 18 mL volume
Platelets (PLTs) <ul style="list-style-type: none"> Priority for women with platelets < 50,000 Single-donor apheresis unit (= 6 units of platelet concentrates) provides 40-50 K transient increase in platelets
Cryoprecipitate (CRYO) <ul style="list-style-type: none"> Approximately 35-45 min to thaw Priority for women with Fibrinogen levels < 80 10 unit pack raises Fibrinogen 80-100 mg/dl Best for DIC with low Fibrinogen and don't need volume replacement Caution: 10 units come from 10 different donors, so infection risk is proportionate Warm upper body with blankets or warming device Sequential compression stockings

Uterotonic Agents

Drug/Dose	Route/Frequency	Side Effects	Contraindications
Pitocin (Oxytocin) 10 units/mL 10 units per 500-1000 mL added to uterine tone	Continuous IV infusion	Usually none; nausea/vomiting, hypotension (with prolonged IV; 1 BP and 1 HR with high doses, esp IV push)	Hypersensitivity to drug
Methergine (Methylergonovine) 0.2 mg/mL 0.2 mg	IM only/every 2-4 hours	Nausea/vomiting, severe hypertension, esp with rapid administration or in patients with HTN or Preeclampsia	HTN, Preeclampsia, heart disease; hypersensitivity Caution: if multiple doses of ergometrine have been used, resus agents may be necessary for possible cerebral hemorrhage
Hemabate (15-methyl PG F2a) 250 mcg/mL 250 mcg	IM only or intramyometrial on-ly/every 15-80 min, NFE 8 doses in 24 hours	Nausea/vomiting, diarrhea, fever (transient), headache, chills, shivering, HTN, bronchospasm	Caution in women with hepatic disease, asthma, HTN, active cardiac or pulmonary disease; hypersensitivity to drug
Cytotec 100 or 200 mcg tablets 500-900 mcg	Sublingual (SL) or Orally (PO)/ One time	Nausea/vomiting, diarrhea; shivering; fever (transient); headache	Fare; known allergy to prostaglandin; hypersensitivity to drug