**OB HEMORRHAGE TOOLKIT POCKET CARD**

### Identify Risk on Admission

**OB Hemorrhage—No Denial—No Delay**

<table>
<thead>
<tr>
<th>Low Risk:</th>
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<tbody>
<tr>
<td>No previous uterine incision</td>
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<tr>
<td>Single pregnancy</td>
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<tr>
<td>≤ 4 previous vaginal births</td>
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<tr>
<td>No known bleeding disorder</td>
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<tr>
<td>No history of FPP</td>
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<tr>
<th>Medium Risk:</th>
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<tbody>
<tr>
<td>Prior c/v or uterine surgery</td>
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<tr>
<td>Multiple gestation</td>
</tr>
<tr>
<td>&gt; 4 previous vaginal births</td>
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<tr>
<td>Chorioamnionitis</td>
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<tr>
<td>History of previous FPP</td>
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<tr>
<td>Large uterine fibroids</td>
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<tr>
<th>High Risk:</th>
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<tbody>
<tr>
<td>Placenta Previa, or low lying</td>
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<tr>
<td>Suspected saccular or percreta</td>
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<tr>
<td>MCT ≤ 30 AND other risk factors</td>
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<tr>
<td>Placentas &lt; 100,000</td>
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<tr>
<td>Active bleeding on admit</td>
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<tr>
<td>Known coagulopathy</td>
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### Stage 0

**Stage 0**

- Active management with oxytocin infusion of 10-40 units/500-1000 mL infused; or 10 units IM

**Action**

- Quantitative evaluation of cumulative blood loss: use of graduated containers, visual comparisons, and weighing blood soaked materials after delivery of placenta. 1 g/kg = 1 mL
- Ongoing evaluation of Vital signs per hospital protocol; more if needed per patient condition

**Stage 1**

- Continued bleeding and Blood loss: > 800 mL vaginal or > 1000 mL C/S, OR VS changes (br > 15% or HR > 115, BP < 60/40) Sept ≤ 90% OR increased bleeding during recovery period

**Action**

- Notify OB/CMN
- Notify Charge RN
- Notify Anesthesia provider

**Mobiles**

- Establish IV
- Infuse oxytocin 80-100 mL/hr (40 units/500-1000 mL)
- Vaginal fundal massage
- Administrator 2nd anesthetist
- Vital signs including br, Ast ≤ 90%
- Weigh and outline blood loss
- Administer Ast to keep rate ≥ 90%
- Empty bladder – Foley with trimmer
- Types and Cross for 2 units PRCBs
- Keep patient warm

**Blood Products**

- Packaged Red Blood Cells (PRBCs)
  - Best first line product
  - 1 unit = 200 mL volume
  - If antibody positive, may take 1-24 hrs for crossmatch

- Fresh Frozen Plasma (FFP)
  - 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)
  - Priority for women with platelets < 50,000
  - Single-donor apheresis units (6 units of platelet concentrates) provides 85-90 K transient increase in platelets

- Cryoprecipitate (Cryo)
  - Approximately 35-45 min to thaw
  - Priority for women with fibrinogen levels < 80
  - 10 unit pack raises fibrinogen 50-100 mg/dL

- Best for DIC with low fibrinogen and don’t need volume replacement
- Caution: 1 unit comes from 10 different donors, no infection risk in proportionate
- Wean upper body with blanket or warming device
- Sequential compression stockings

**Uterotonic Agents**

- Pitocin
  - Best first line product
  - 1 unit = 10 U/mL
  - Check for reactive uterus before use
- Magnesium Phosphate
  - 40 mL 25% solution given over 1 hour
  - Check reflexes
  - Monitor for confusion, muscle weakness, respiratory depression
  - Recommend immediate delivery

### Stage 2

- Continued bleeding or Vital sign instability and < 1000 mL cumulative blood loss

| OB/CMN at bedside; 2nd OB or perinatologist & anesthesiologist called, as well as CTG monitor |
| Charge nurse assigns 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 other family support |

**Actions**

- Administer blood products/micropack |
- Transfuse 2 PRBCs (do not wait for lab results; blood warmer request for blood bank to thaw FFP) |
- Order STAT CBC/platelet count, CXR, INR, coagulation panel, and AMO |
- Start 2 ivs |
- Watch & calculate cumulative blood loss |
- Announce vital signs |
- Ready universal equipment |

**NOTE:** 
- Selective Antibolization (SA) Interventions based on a history from previous stage or not complete; prevent hypoxia, acidosis, and hyperkalemia |
- Suspected: uterine artery ligation or hysterectomy |
- For hysteresis: aggressively maximize based on VS, and blood loss |
- First 1 unit PRBCs, then equal to FFP and FFP incremental hemorrhage 4 FFP (4 x FFP) apheresis platelets |
- Over status, notify obstetric management rotation ICN