

# Obstetric Hemorrhage Checklist

Patient Label

## Hemorrhage Recognition

- Call for assistance
- Activate OB hemorrhage bundle
- Primary RN to notify OB/midwife, L&D charge nurse, and anesthesiologist/CRNA
- Designate: team leader, checklist recorder, primary RN (specific jobs)
- Bring hemorrhage cart, meds, and ultrasound to bedside
- Announce: VS, EBL, determine stage

## Stage 1: EBL > 500 mL vaginal or > 1000 mL Cesarean, normal VS and lab values

- Ensure 16-18G IV access
- Increase IV fluid (crystalloid)
- Administer tranexamic acid (TXA) 1 g IV → Time given: \_\_\_\_\_
- Insert foley catheter
- Fundal massage
- Meds: increase oxytocin, additional uterotonics
- Determine etiology (see right)
- O2 to maintain sats  $\geq$  95%
- Keep patient warm
- VS, O2 sat q 5 min; weigh materials and record EBL q 15 mins
- Prepare OR if indicated (optimize visualization/examination)

Once stabilized: See post-hemorrhage management (page 2)

Medications and Interventions Given (document time):

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Uterotonic Medications:	Time given:
Oxytocin (Pitocin): 10-40 U per 500-1000 mL solution	_____
Methylergonovine (Methergine): 0.2 mg IM (avoid with hypertension)	_____
15-methyl PGF2a (Hemabate): 250 ug IM (avoid with asthma) (may repeat q 15 mins, max 8 doses)	_____
Misoprostol (Cytotec): 800-1000 ug PR	_____

- | Etiology:           |  |
|---------------------|--|
| • Atony             | • Uterine inversion  |
| • Laceration        | • Placenta accreta   |
| • Retained placenta | • If C/S: uncontrolled bleeding (broad ligament, post uterus, retained placenta) |
| • Coagulopathy      |  |
| • AFE               |  |

Total EBL (stage 1): \_\_\_\_\_

## Stage 2: Continued bleeding ( $\geq$ 2 uterotonics) with EBL under 1500 mL

All Stage 1 interventions, plus...

- Mobilize additional help (OB/midwife to bedside, anesthesiologist, 2<sup>nd</sup> OB, IR if considering embolization)
- Call family support person
- Place 2<sup>nd</sup> IV (16-18G)
- Repeat TXA (if  $\geq$  30 mins since first dose) → Time given: \_\_\_\_\_
- Draw STAT labs (CBC, coags, fibrinogen)
- Prepare OR
- Meds: continue stage 1 meds
- Continue fundal massage
- Prepare 2U PRBCs (DO NOT wait for labs. Transfuse per clinical signs/sxs)
- Thaw 2U FFP (use if transfusing > 2U PRBC)
- Escalate therapy with goal of hemostasis
- Announce VS and EBL q 5-10 mins

Once stabilized: See post-hemorrhage management (page 2)

Medications and Interventions Given (document time):

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### Interventions based on etiology

#### Vaginal birth

- If trauma: visualize and repair
- If retained placenta: D&C
- If atony or LUS bleeding: intrauterine tamponade balloon
- If above measures unproductive: selective embolization (IR)
- If VS are worse than EBL: possible uterine rupture or broad ligament tear with internal bleeding → move to laparotomy

#### Cesarean

- B-Lynch suture
- Bilateral uterine artery ligation
- Intrauterine balloon

If uterine inversion: anesthesia and uterine relaxation drugs

Total EBL (stage 2): \_\_\_\_\_