CASCADE VALLEY HOSPITAL AND CLINICS
POLICY & PROCEDURE

NUMBER: 34-3-129		DATE EFFECTIVE: 7/10	
TITLE: Managing Post Partum Hemorrhage	APPROVAL SIGNATURE:		
	REVIEW DATE	REVISE DATE	SIGNATURE
DIVISION: CVH DEPARTMENT: MCH	3/14	3/14	
ROUTE TO: All Nursing Units	6/14	7/14	
	1/15	1/15	
CROSS REFERENCE:	10/16	10/16	
AWHONN: Obstetric Hemorrhage 2012 Williams Obstetrics pp 760-787	9/17	9/17	

SCOPE This procedure applies to all RNs in the collective bargaining unit represented by the Nurses Association of Cascade Valley Hospital and employed by Cascade Valley Hospital and the CV Arlington Surgery Center.

DEFINITION This is defined as >500cc blood loss during delivery or within 24 hours post partum.

HEMORRHAGE PROTOCOL

Etiology & Risk Factors:
Overstretching of uterus (twins, polyhydramnios, macrosomia)
History of post partum hemorrhage
Prolonged or rapid labor
Operative delivery including forceps or vacuum extraction
Infections such as chrioamnionitis
VBAC, obstructed labor, abnormal fetal presentation
Hematoma of the vulva, vaginal or retroperitoneal tissues
Retained placental fragments
Placental abruption
Uterine inversion or rupture
Obesity, trauma, coagulopathy

Recognition of Symptoms:
Continuous bleeding despite uterine massage
Uterus will not stay firm
Clots continue despite uterine compression
Pallor, lightheadedness, weakness, delayed capillary refill

Nursing:

A. Visually look for source of bleeding. Do not leave patient unattended. If manual pressure stops it, do so, and continue to massage fundus as needed. Follow the initial steps for OB crisis – Policy and Procedure #34-3-110. OB RN to remain with the patient until turned over to OR or ICU staff or until patient stable.
B. Hang or increase pitocin, 30 units in 500cc at adequate rate to keep fundus firm. It can be given rapid infusion up to 3000 ml/hr at this concentration. Open IV fluid to run as rapidly as possible. LR or NS replaced blood loss at 3:1.

C. Start O_2 @ 10 Liters per mask.
D. Place patient in Trendelenburg position with legs elevated.
E. If order on chart, obtain Hemorrhage Kit from Omnicell and begin administration of meds. Notify physician. They are kept in the Omnicell refrigerator as a "hemorrhage kit." It contains:
   1. Methergine – 0.2mg
   2. Misoprostol – 800mcg in 100mcg tablets
   3. Hemabate – 250mcg
F. If no order on chart, request order from physician immediately. If bleeding continues, have a team member request physician's immediate presence. Dial 8888 and state: "Rapid Response Team to Room _____."
G. One nurse should remain to help the OB nurse manage the patient, and the other to manage the phone calls and family. She should notify the OR of a hemorrhaging patient to prepare a room and their staff for a possible D & C or hysterectomy.
H. Record vital signs every 2 minutes by NIPB until stable, then as ordered by MD.
I. Start second IV line with large bore needle in large arm vein (avoid hands), (obtain pink, purple, blue lab tubes for CBC, coags, and cross match). Rapidly infuse replacement fluids.
J. Alert Lab to type and crossmatch for 4 units PRBCs and 4 units FFP. Request Type O D-Negative blood and plasma. If blood administered, use blood warmer and pressure bags or rapid infuser.
K. Obtain Bakri Balloon for uterine tamponade and set up for physician. This requires 500ml warmed saline. See Policy/Procedure #34-3-140 titled Bakri Post Partum Balloon.
L. Insert foley catheter with urometer and place patient on strict I & O until stable.
M. Maintain continuous uterine massage until bleeding controlled or patient to the OR.
N. If unable to control bleeding despite Hemorrhage Kit medications, transfer patient to the OR.
O. Consider a Baer Hugger to keep patient warm during this process.
P. Place SCDs when possible.

Physicians:
A. Bimanual massage if uterus is source of bleeding.
B. Order medications from Hemorrhage Kit.
C. Administer medications as follows:
   1. Pitocin 30 units/500 ml rapid infusion up to 3000 ml/hr.
   2. Methergine 0.2mg IM every 2-4 hours up to 5 doses. (Avoid with hypertension.)
   3. Hemabate 250mcg IM, repeat every 20-90 minutes to maximum of 8 doses. (Avoid with asthma or hypertension.)
   4. Misoprostol 800mcg per rectum.
D. Order type and cross for 4 units PRBCs – warm products if possible. (Type O - D Neg can be used if unable to wait. If > 6 units of PRBCs, give 4 units FP, and obtain platelets and cryoprecipitate ASAP). (Factor VII after FP and cryoprecipitate.) FFP and PRBCs can be given alternately or simultaneously. Goal is to keep Hgb > 8 g/dL.
E. Insert Bakri Balloon or insert uterine packing.
F. Consider Ultrasound assistance.
G. Volume expanders are 1:1 replacement (albumin, hetastarch, dextran).
H. Draw additional blood to check CBC and DIC profile (PT, PTT, platelets, fibrinogen, FDP, D-dimer, chemistry).
I. Consult OB as needed. Notify anesthesia and the OR. Request anesthesia presence.
J. Consider (hypogastric artery ligation, hysterectomy.)
K. Decreased urine output, decreased BP and tachycardia may be late signs of compromise.
L. Parameters:
   1. Maintain Hgb > 8 g/dL.
   2. Maintain platelets > 75,000.
   3. Maintain fibrinogen > 100 mg/dL if less, transfuse cryoprecipitate.
   4. Maintain PT and PTT < 1.5 x control.

NOTE: Hospital maintains a supply of FFP and cryoprecipitate. If platelets are needed, they are available in about 3 hours.

If fibrinogen <300, patient may have DIC.

If blood is administered, follow the appropriate policy. Second RN to assume care of baby until mother stable.

This standing order/protocol will be reviewed every three years by the medical staff, nursing and pharmacy departments to confirm efficacy and safety.

Algorhythm for Hemorrhaging Post Partum Patient

Recognition of Symptoms: Continuous bleeding despite manual uterine massage
Uterus will not stay firm
Clots continue despite uterine compression

Steps to Follow:

1. Visually look for source of bleeding – if able to apply manual pressure to stop it, do so. Continue to massage fundus as needed. If physician present, bi-manual uttering massage should be done if that is the source of bleeding.
2. Hang or increase Pitocin to keep fundus firm – to a maximum of 600cc/hr.
3. Call 888 and state: "Rapid Response Tea to Room _____."
4. If physician not there, have someone call for their immediate presence. Do not leave patient unattended. An OB/GYN physician should be consulted if he/she is not the attending doctor.
5. Place patient in Trendelenburg position, and have VS recording q2 min.
6. Obtain Hemorrhage Kit from Omnicell, and give medications as directed by physician.
    - methergine 0.2 mg IM (may repeat q2-4h prn)
    - misoprostol 800mg rectally
    - hemabate 250 mcg IV (not to exceed 2 mg)
7. Rapid infuse their IV wide open and start another 16-18 gauge IV. Give LR or NS as rapidly as possible.
8. Order immediate Type and Cross for 4 units of PRBCs and _____ units of FFP. (Oneg blood can be used if unable to wait; if anticipated transfusing more than 6 units of PRBCs, give 4 units of FFP, and obtain platelets and cryoprecipitate ASAP.
9. If uterine bleeding, obtain Bakri Balloon set-up for physician. They may also choose to use forceps and vaginal packing.
10. Notify the OR of potential for stat surgery, request anesthesiologist to be in house.
11. Insert foley catheter with urometer.
12. Consider Ultrasound to check uterine integrity, and look for free peritoneal air.