

OB Hemorrhage Protocol

Stage 0 OB Hemorrhage:

Cumulative Blood Loss less than 500 mL for a vaginal birth or less than 1000 mL for a Cesarean Section **OR- Vital Signs** less than 15% change **or** HR less than or equal to 110, BP greater than or equal to 85/45, O2 Sat greater than 95%

Stage 1 OB Hemorrhage:

Cumulative Blood Loss greater than 500 mL for a vaginal birth or greater than 1000 mL for a Cesarean Section **OR- Vital Signs** greater than 15% change **and/or** early signs of Hypovolemia / Shock (for example HR greater than or equal to 110 (not associated with fever or pain), BP less than or equal to 85/45, O2 Sat less than 95%) **OR- increased bleeding** during recovery or postpartum.

Stage 2 OB Hemorrhage:

Continued bleeding **OR-** continued Vital Sign instability associated with hypovolemia/shock and less than 1500 mL cumulative blood loss

Stage 3 OB Hemorrhage:

Cumulative blood loss greater than 1500 mL, greater than 2 units PRBC's given, Vital Sign unstable associated with hypovolemia/shock or suspicion of DIC

Undelivered Patient

- Patients that **ARE NOT** in labor that are actively bleeding
- Patients that **ARE** in labor with bleeding significantly heavier than typical labor (by nursing clinical assessment, or greater than ~100 mL/hr):

Notify:

Provider: Patient undelivered and actively bleeding

Charge Nurse: Patient undelivered and actively bleeding

Anesthesia: Patient undelivered and actively bleeding (if delivery likely)

Neonatal Team: Patient undelivered and actively bleeding (if delivery likely)

Vital Signs:

- BP, P, RR, SpO2 & Level of Consciousness every 15-30 minutes until stable for 2 hours

Nursing:

- I&O
- Ongoing quantitative evaluation of blood loss (estimate/measure/weigh)

IV:

- Establish IV access if not present, *at least 18 gauge*
- Lactated Ringers to run at 125 mL/hour *or titrate to volume replacement*

Nutrition:

- NPO

Place patient label here

OB HEMORRHAGE PROTOCOL



Patient Delivered:**Stage 0 Hemorrhage:****Nursing:**

- Ongoing quantitative evaluation of blood loss (estimate/measure/weigh)
- 4th Stage of Labor: Vigorous fundal massage for at least 15 seconds

Medications:

- 3rd Stage of Labor:
 - Active management of 3rd Stage of Labor:
 - Oxytocin IV or IM *per Intrapartum orders*
- 4th Stage of Labor:
 - Oxytocin IV or IM *per Intrapartum/postpartum phase of care orders*

Stage 1 Hemorrhage:**Notify**

Provider: Patient at Stage 1 Hemorrhage and OB Hemorrhage Protocol has been activated.

Charge Nurse: Patient at Stage 1 Hemorrhage

Anesthesia: Patient at Stage 1 Hemorrhage

Blood Bank: Patient at Stage 1 Hemorrhage and OB Transfusion Protocol may be initiated

- All Stage 0 hemorrhage orders **AND**

Vital Signs:

- BP, P, RR, SpO2 & Level of Consciousness with every uterine and vaginal bleeding assessment

Nursing:

- Empty patient bladder:
 - If patient able, have patient void
 - OR**
 - Straight Cath or Place indwelling urinary catheter with urometer if patient actively bleeding
- Apply **continuous vigorous fundal massage with counter pressure until uterine tone and vaginal bleeding are within normal limits. Minimum of at least 15 seconds**, then:
 - Reassess uterine tone and vaginal bleeding:
 - Every 5 minutes for 3 assessments
 - Every 15 minutes for 3 assessments
 - Every 15-30 minutes until stable for 2 hours
 - According to NCS Postpartum Post-Delivery Recovery and Postpartum care assessments
 - At any time uterine tone or vaginal bleeding is NOT within normal limits, return to continuous vigorous fundal massage with counter pressure until uterine tone and vaginal bleeding are within normal limits. Then begin reassessment frequencies over
- Keep patient warm

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Prog & Orders

- I&O
 - Weigh / measure clots, blood and blood soaked materials
 - Calculate and record current and cumulative blood loss at least every 15 minutes with assessments until uterine tone and vaginal bleeding within normal limits for total of 30 minutes. Then every hour for 2 hours.

Nutrition:

- NPO until uterine tone and vaginal bleeding within normal limits

Medications: (If bleeding uncontrolled by vigorous fundal massage)**Step 1:**

- Oxytocin per Intrapartum/postpartum phase of care orders*

Step 2: If Oxytocin insufficient to maintain uterine tone and/or reduce vaginal bleeding to within normal limits administer:

- Methergine (if not hypertensive) per *intrapartum/postpartum phase of care orders*

If Hypertensive Administer Misoprostol

- Misoprostol if misoprostol not given within the last 6 hours, per intrapartum/postpartum phase of care orders*
 - *If 600 mcg of Misoprostol was administered within past 6 hours administer an additional 200 mcg of misoprostol for a total dose of 800 mcg.*
 - *If 800 mcg Misoprostol already given and less than 6 hours from administration, then administer additional uterine tonics as directed by provider*

IV:

- Establish IV access if not present, *at least 18 gauge*
- 0.9% NaCl bolus 1000 mL intravenously over 30 min
- Total IVF to run at 125 mL/hour once uterine tone and vaginal bleeding within normal limits

Blood Bank:

- Type and Cross 2 units PRBC STAT (if not already done)

Therapy:

- Oxygen at 10 L/min per non re-breather face mask as needed to maintain SpO₂ ≥ 92%

Stage 2 Hemorrhage:**Notify**

Provider: Patient at Stage 2 Hemorrhage

2nd OB Provider: Patient at Stage 2 Hemorrhage (per primary OB provider request)

Charge Nurse: Patient at Stage 2 Hemorrhage

Anesthesia: Patient at Stage 2 Hemorrhage

OB Response Team: Patient at Stage 2 Hemorrhage

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OB HEMORRHAGE PROTOCOL

Blood Bank & Lab:

- Patient at Stage 2 Hemorrhage
- Initiate process to obtain delivery of Platelets if not on site (PHH / KMC)
- OB Transfusion pack # 1 needed
- Order for subsequent OB Transfusion packs as needed
 - If subsequent packs needed, inform Blood Bank to keep head 2 units PRBC
- OB Transfusion stopped

- All Stage 1 hemorrhage orders ***AND***
- Move patient to L&D/OR if in Postpartum room
- Establish IV access 2nd site, if not present, *at least 18 gauge*
- Place Foley with urometer (if not already done)

Medications: (Provider will indicate which medication(s) to administer based on patient given clinical scenario)

- Carboprost (Hemabate) *per Intrapartum/postpartum phase of care orders* (if not contraindicated) And / OR
- Misoprostol if misoprostol not given within the last 6 hours, per intrapartum/postpartum phase of care orders*
 - *If 600 mcg of Misoprostol was administered within past 6 hours administer an additional 200 mcg of misoprostol for a total dose of 800 mcg.*
 - *If 800 mcg Misoprostol already given and less than 6 hours from administration, then administer additional uterine tonics as directed by provider*

Labs:

- CBC with automated diff STAT
- Fibrinogen STAT
- PT STAT
- PTT STAT
- Comprehensive Metabolic Panel STAT
- Ionized Calcium STAT

Blood Bank:**Provider will give order to obtain Pack # 1**

- Once blood products arrived to floor, confirm transfusion with provider prior to administering blood products, then
- Transfuse 2 units PRBC STAT of Type specific blood. May administer uncrossed O negative blood until type specific available.
- Transfuse 1 units FFP

Provider will give order to obtain Pack # 2 (When 2nd unit PRBC has been hung from pack #1 and patient is continuing to bleed)

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- Once blood products arrived to floor, confirm transfusion with provider prior to administering blood products, then
- Transfuse 2 units PRBC STAT of Type specific blood. May administer uncrossed O negative blood until type specific available.
- Transfuse 1 units FFP
- Transfuse 2 units Cryoprecipitate) for communities where the blood product is available

Stage 3 Hemorrhage:

Notify

Provider: Patient at Stage 3 Hemorrhage

2nd OB Provider: Patient at Stage 3 Hemorrhage (per primary OB provider request)

Charge Nurse: Patient at Stage 3 Hemorrhage

Anesthesia: Patient at Stage 3 Hemorrhage

2nd Anesthesia Provider: Patient at Stage 3 Hemorrhage (per primary Anesthesia provider request)

OB Response Team: Patient at Stage 3 Hemorrhage *if applicable*

OB / OR Team: Patient at Stage 3 Hemorrhage *if applicable*

ICU Team: Patient at Stage 3 Hemorrhage *if applicable*

Blood Bank & Lab:

- Order for subsequent OB Transfusion packs as needed
 - If subsequent packs needed, inform Blood Bank to keep head 2 units PRBC
- Prepare / Plan for Massive Transfusion Protocol if Pack # 3 ordered
- Hospital Massive Transfusion Protocol Ordered
- OB / Hospital Massive Transfusion Protocol stopped

- All Stage 1 & 2 hemorrhage orders

Blood Bank:

Provider will give order to obtain Pack # 3 (When 2nd unit PRBC has been hung from pack #2 and patient is continuing to bleed.)

- Transfuse 2 units PRBC STAT of Type specific blood. May administer uncrossed O negative blood until type specific available, then
- Transfuse 1 units FFP
- Transfuse 1 units Platelets for communities where the blood product is available
- Initiate Hospital Massive Transfusion Protocol (When 2nd unit PBC has been hung from pack #3 and patient is continuing to bleed.)

Antiembotic Therapy:

- Antiembotic sequential compression device to lower extremities

For Downtime:

Provider Signature	EHR User ID	Date	Time	Nurse Signature	EHR User ID	Date	Time
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Prog & Orders