

SWGH OB Network Clinical Practice Hemorrhage Guideline

	Assessments	Meds/Procedures	Blood Bank
Stage 0	All births		
<ul style="list-style-type: none"> Risk assessment Active management of 3rd stage 	<ul style="list-style-type: none"> Assign hemorrhage risk for all pts Measure quantitative blood loss for every birth Identify pts who decline blood products 	<ul style="list-style-type: none"> Active Management of 3rd Stage Controlled traction on cord Oxytocin IV infusion or 10u IM Fundal massage after placenta delivery 	<ul style="list-style-type: none"> All pts: T&S High Risk: T&C 2 U Positive Antibody Screen (prenatal/current, exc. low level anti-D from RhoGam): T&C 2 U
Stage 1	Triggers: QBL ≥ 500mL vaginal / ≥ 1000 mL cesarean w/ <i>cont'</i> bleeding <u>or</u> signs of concealed hemorrhage: VS abnormal <u>or</u> trending (HR ≥ 110, BP ≤ 85/45, O2 sat < 95%) <u>or</u> Confusion		
<ul style="list-style-type: none"> Hemorrhage Cart to room Hemorrhage meds retrieved from pyxis & to room Activate hemorrhage protocol Rule out hemorrhage causes besides atony 	<ul style="list-style-type: none"> Activate OB hemorrhage protocol and checklist Notify charge nurse, OB/ CNM, anesthesiologist VS q5 min, continuous pulse Ox Record quantitative cumulative blood loss q5-15 min Careful inspection of vaginal walls, cervix, uterine cavity, placenta. If intra-op, inspect broad ligament, posterior uterus and placenta. 	<ul style="list-style-type: none"> IV Access: Minimum 18 gauge 2nd line Increase IV fluid (LR) and oxytocin Rate, add additional bag at 999ml/hr Fundal/bimanual massage Consider TXA 1 gram IVPB over 10mins Consider uterine 2nd level: <ul style="list-style-type: none"> Methergine 0.2mg IM (repeat after 2-4hrs) If no HTN Hemabate 250mcg IM (repeat after 15-90mins If no Asthma Cytotec 600-800mcg Sublingual (HTN & asthmatic pt) Consider JADA if on 2nd uterine** Empty Bladder: straight Cath or Foley with urometer 	<ul style="list-style-type: none"> Convert to High Risk and take appropriate precautions <p>Consider T&C 2 Units PRBCs where clinically appropriate if not already done</p>
Stage 2	Triggers: <i>Continued bleeding w/</i> QBL under 1500 mL <u>or</u> VS remain abnormal		
<ul style="list-style-type: none"> Sequentially advance through medications and procedures Mobilize team and blood bank support Keep ahead with volume and blood products Determine source of bleeding including concealed hemorrhage Provide patient and family support Debrief after event 	<ul style="list-style-type: none"> OB to bedside Mobilize team: 2nd OB, Anesthesia, notify Nursing Supervisor Continue VS q5 & record quantitative blood loss q5-15 min Complete evaluation of vaginal wall, cervix, placenta, uterine cavity Send additional labs including DIC panel If in Postpartum: Move to L&D/OR Evaluate for special cases: <ul style="list-style-type: none"> Uterine inversion/amniotic fluid embolism 	<ul style="list-style-type: none"> Continue 2nd Level Uterotonic: Bimanual/uterine massage TXA 1 gram - may repeat in 30 min Vaginal: (typical order) <ul style="list-style-type: none"> Move to OR Repair any tears D&C: r/o retained placenta Place intrauterine balloon or JADA Intra-op Cesarean: (typical order) <ul style="list-style-type: none"> Inspect broad ligament, posterior uterus, and placenta Uterine sutures Place intrauterine balloon or JADA Uterine artery ligation 	<ul style="list-style-type: none"> Notify Blood Bank of OB hemorrhage Bring 2 Units PRBCs to bedside, consider use of Emergency Release products (uncrossmatched) and transfuse per clinical signs – <i>do not wait for lab values, consider thawing 2 FFP (takes 35mins to thaw)</i> Use blood warmer for transfusion (Hotline 3) Consider activating MTP if there is <i>continued bleeding</i>
Stage 3	Triggers: <i>Continued bleeding with</i> QBL over 1500mL <u>or</u> > 2 units PRBCs given <u>or</u> abnormal VS <u>or</u> Suspicion of DIC		
<ul style="list-style-type: none"> Initiate Massive Transfusion Protocol Invasive surgical approaches Provide patient and family support Debrief after event 	<ul style="list-style-type: none"> Expand team <ul style="list-style-type: none"> Advanced GYN surgeon/2nd OB 2nd anesthesia provider OR staff Repeat coags & ABGs Notify Nursing supervisor for possible transfer to ICU Central line 	<ul style="list-style-type: none"> Selective embolization (IR) Laparotomy <ul style="list-style-type: none"> Uterine sutures Uterine artery ligation Hysterectomy Patient support <ul style="list-style-type: none"> Warmer for IV fluids (Hotline 3) Upper body warming device SCDs 	<ul style="list-style-type: none"> Activate Massive Transfusion Protocol Transfuse aggressively 5:5:1 (PRBC: FFP: plts)