Obstetric Hemorrhage Checklist

3/17/2026 v.9

RECOGNIZE

Complete all steps in prior stages plus current stage regardless of stage in which the patients presents.

❑ **Call for assistance and notify Charge Nurse**

Designate:

❑ Team Leader_____ ❑ Checklist reader/recorder_____ ❑ Primary RN_____

Announce:

❑ Cumulative blood loss _____ ❑ Vital signs_____ ❑ Determine stage_____

Announce Serial QBL and Vital Signs every 10 minutes or 5 laps

Time: #1 VS_____QBL_____; #2 VS_____QBL_____; #3 VS_____QBL_____

RESPOND

STAGE 1: Blood Loss >500 mL to 1000 mL

Clinical Trigger: CBL or Signs of concealed hemorrhage: VS Abnormal or trending (HR ≥120; BP≤ 90/50. O2 Sat < 95%)

INITIAL STEPS:

❑ Confirm uterotonics are at the bedside
❑ Establish IV Access: consider starting second 16G or 18G/draw labs
❑ Ensure oxytocin is infusing
❑ Insert indwelling urinary catheter
❑ Bimanual exam/massage
❑ PPH Cart and ultrasound to room
❑ Consider Bakri balloon or Jada

MEDICATION:

❑ Increase oxytocin, additional uterotonics

BLOOD BANK:

❑ Type and Cross for additional units of RBCs if clinically appropriate.

ACTION:

❑ **TEAM HUDDLE** to review plan for work up and management.

Uterotonic Medications

Oxytocin* infuse 10 units over 30 minutes (334 mU/min) followed by 95 mU/min over post-delivery oxytocin order (total= 20 units)
**concentration in bag= 30U/500mL*

Hemabate 0.25 mg IM every 15 mins (up to 8 doses)
[contraindication: asthma]

Methergine 0.2 mg IM every 2-4 hours
[contraindication: HTN]

Misoprostol 400 mcg (sublingual, buccal or rectal)

Antifibrinolytic Agent:

Tranexamic Acid 1gm (renewable once after 30 minutes)

STAGE 2: Blood Loss >1000 mL but <1500 mL

Clinical Trigger: Continued bleeding or Signs and symptoms hypovolemia

INITIAL STEPS:

❑ Activate PPH Team
❑ Start second IV, 16G or 18G
❑ Draw labs if not already completed
❑ Prepare OR
❑ Unit Rooms: utilize warm blanket/ OR Room: Temperature 75°

MEDICATIONS:

❑ Continue Stage 1 medications

Blood Bank:

❑ Call blood bank to request 1-4 units of emergency release RBCs, if crossmatched units are not available at bedside

ACTION:

❑ **TEAM HUDDLE** to review plan for work up and management.
❑ Consider activation of Massive Transfusion Protocol (MTP)

LABS:

Draw initial labs & then every 30 min

❑ Hemoglobin/Hematocrit
❑ Pavilion OR STAT DIC panel (PT/INR,PTT, fibrinogen, platelet count, D-dimer,
❑ iCal
❑ Potassium
❑ ABG super gas

Patient label

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STAGE 3: Blood Loss >1500 mL >2 U RBCs Given, VS unstable or DIC suspected

Clinical Trigger: Continued bleeding or Signs and symptoms hypovolemia

INTIAL STEPS:

- ❑ Mobilize additional help
- ❑ Transfer patient to OR
- ❑ Announce clinical status (vital signs, cumulative blood loss, etiology)
- ❑ Anesthesia to mange IV access/art line, presser support

MEDICATIONS:

Continue Stage 1 medications
Re-dose of antibiotics (if cesarean delivery)

BLOOD BANK:

- ❑ **Always** activate MTP once 4 units of RBCs are administered and/or Cumulative blood loss (CBL) is > 2L **with ongoing bleeding**
  - ❑ Bring Belmont or other Rapid Fluid Infuser to OR and start the priming process

ACTION:

- ❑ **TEAM HUDDLE** to review plan for work up and management.
- ❑ Achieve hemostasis, intervention based on etiology

Uterotonic Medications

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Misoprostol 400 mcg (sublingual, buccal or rectal)

Antifibrinolytic Agent:

Tranexamic Acid 1gm (renewable once after 30 minutes)

Post-Hemorrhage Management & Post Delivery Communication: To *be completed on every delivery.*

POST-HEMORRHAGE MANGEMENT

- ❑ **TEAM HUDDLE** to review plan for work up and management
  - ○ Confirm PP Pitocin therapy
  - ○ Repeat blood work
  - ○ Determine disposition of patient
- ❑ Debrief with healthcare team; patient and family
- ❑ Document

Post Delivery Communication: To *be completed on every delivery.*

Primary Nurse/Circulator:

1. What is the tone? 2. How is the bleeding?

Delivery Provider:

1. Verbalize if uterine atony is present 2. Verbalize if bleeding is controlled

Second/BPR Nurse:

1. Verbalize quantitative blood loss (QBL) every 10mins or 5 laps until bleeding is stabilized per provider
2. Communicate cumulative blood loss (CBL)

Anesthesiologist/CRNA or Primary Nurse:

1. Verbalize vital signs 2. Verbalize administration of vasopressor

TEAM HUDDLE Discussion:

- ❑ **Patient Status**: ID confirmed, vitals, QBL, hemorrhage stage
- ❑ **Assessment:** Suspected source, uterine tone, response to interventions Completed Interventions: Massage, meds, IV access, fluids, mechanical/surgical steps
- ❑ **Labs/Blood:** Labs sent/results reviewed, blood products given/needed, MTP status
- ❑ **Equipment:** Hemorrhage cart, meds stocked, Bakri balloon, Jada, OR readiness
- ❑ **Roles:** Team lead, medication RN, recorder, runner, anesthesia/OB support
- ❑ **Escalation/Plan:** Anticipated next steps, additional help needed, transfer/OR plan
- ❑ **Family Communication:** Who is updating; interpreter if needed
- ❑ **Close Huddle:** Reconfirm plan, timeline for reassessment, questions