Managing Maternal Hemorrhage

VITAL SIGNS

Normal vitals do not always assure patient stability

AIRWAY
- Provide adequate ventilation
- Assess need for intubation

BREATHING
- Supplemental O₂ 5-7 L/min by tight face mask

CIRCULATION
- Pallor, delayed capillary refill, and decreased urine output can indicate compromised blood volume without change in BP or HR
- Decreased urine output, decreased BP, and tachycardia may be late signs of compromise

ACTIONS
- Notify team
- Bring cart & medications to patient room
- Activate Massive Transfusion Protocol

INFUSIONS
- Start 2nd large bore IV (16 gauge if possible)
- Ringers Lactate (RL) replaces blood loss at 2:1
- Prepare for transfusion
- Blood coagulation factors
- Warm blood products and infusions to prevent hypothermia, coagulopathy, and arrhythmias

MEDICATION FOR UTERINE ATONY

OXYTOCIN (PITOCIN)
10-40 units per 500-1000mL solution

METHYLERGONOVINE (METHergINE)
0.2 milligrams IM
Avoid with hypertension

PROSTAGLANDIN F2 ALPHA (Hemabate)
250 micrograms IM (may repeat in q15 minutes, maximum 8 doses)
Avoid with asthma; use with caution with hypertension

MISOPROSTOL (CYTOTEC)
800-1000 micrograms PR, 600 micrograms PO, or 800 micrograms SL

OTHER CONSIDERATIONS
Intrauterine balloon tamponade

SURGICAL INTERVENTIONS
May be a life-saving measure and should not be delayed pending correction of coagulopathy, the most common reason for the delay

Important Phone Numbers

Rapid Response Team:
Blood Bank:
Anesthesia:
Interventional Radiology:
Senior Surgeon:
ICU:
Director of Service:
Other:

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