Obstetric Hemorrhage Checklist

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

RECOGNITION:
☐ Call for assistance (Obstetric Hemorrhage Team)

Designate: ☐ Team leader ____________  ☐ Checklist reader/recorder  ☐ Primary RN

Anncounce: ☐ Cumulative blood loss  ☐ Vital signs ____________  ☐ Determine stage

STAGE 1: BLOOD LOSS > 500 mL vaginal OR blood loss > 1000 mL cesarean with normal vital signs and lab values

INITIAL STEPS:
☐ Ensure 16G or 18G IV Access
☐ Increase IV fluid (crystalloid without oxytocin)
☐ Insert indwelling urinary catheter
☐ Fundal massage

MEDICATIONS:
☐ Ensure appropriate medications given patient history
☐ Increase oxytocin, additional uterotonicss

BLOOD BANK:
☐ Type and Crossmatch 2 units RBCs

ACTION:
☐ Determine etiology and treat
☐ Prepare OR, if clinically indicated
   (optimize visualization/examination)

Oxytocin (Pitocin):
10-40 units per 500-1000mL solution

Methylergonovine (Methergine):
0.2 milligrams IM; Avoid with hypertension

15-methyl PGF₂α (Hemabate, Carboprost):
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

Tone (i.e., atony)
Trauma (i.e., laceration)
Tissue (i.e., retained products)
Thrombin (i.e., coagulation dysfunction)

STAGE 2: CONTINUED BLEEDING (EBL up to 1500mL OR > 2 uterotonicss) with normal vital signs and lab values

INITIAL STEPS:
☐ Mobilize additional help
☐ Place 2nd IV (16-18G)
☐ Draw STAT labs (CBC, Coags, Fibrinogen)
☐ Prepare OR

MEDICATIONS:
☐ Continue Stage 1 medications

BLOOD BANK:
☐ Obtain 2 units RBCs (DO NOT wait for labs. Transfuse per clinical signs/symptoms)
☐ Thaw 2 units FFP

ACTION:
☐ Escalate therapy with goal of hemostasis

Huddle and move to Stage 3 if continued blood loss and/or abnormal VS

REvised December 2016
**Stage 3: Continued Bleeding (EBL > 1500mL OR > 2 RBCs given OR at risk for occult bleeding/coagulopathy OR any patient with abnormal vital signs/labs/oliguria)**

**Initial Steps:**
- Mobilize additional help
- Move to OR
- Announce clinical status (vital signs, cumulative blood loss, etiology)
- Outline and communicate plan

**Medications:**
- Continue Stage 1 medications

**Blood Bank:**
- Initiate Massive Transfusion Protocol
  - If clinical coagulopathy: add cryoprecipitate, consult for additional agents

**Action:**
- Achieve hemostasis, intervention based on etiology

<table>
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**Stage 4: Cardiovascular Collapse (massive hemorrhage, profound hypovolemic shock, or amniotic fluid embolism)**

**Initial Step:**
- Mobilize additional resources

**Medications:**
- ACLS

**Blood Bank:**
- Simultaneous aggressive massive transfusion

**Action:**
- Immediate surgical intervention to ensure hemostasis (hysterectomy)

**Post-Hemorrhage Management**
- Determine disposition of patient
- Debrief with the whole obstetric care team
- Debrief with patient and family
- Document

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Revised December 2016

Safe Motherhood Initiative