

# HEMORRHAGE

**PRESENTATION:** QBL >1000 mL with ongoing bleeding or signs of concealed hemorrhage

## START:

- Call OB FAST

### LEADER

designates

Checklist reader

Time Keeper + Scribe

Patient & Family Communicator

## STAGE 0:

QBL 500-1000 cc with ongoing bleeding at vaginal birth

- Discuss bleeding with patient and family
- Fundal massage
- Determine etiology and treat
- Ensure two large bore IV for access
- Draw labs (Ensure T&S and ABO confirmatory)
- Start 1 liter Lactated Ringers bolus
- Bedside uterine ultrasound
- Empty bladder

### Medications:

- Ensure oxytocin is infusing
- Uterotonics, avoid contraindicated meds
- Address pain control

### Blood Bank:

- T&C 2 units pRBC

## STAGE 1:

QBL >1000 mL with normal vital signs and lab values

- Critical pause, identify leader
- Call OB FAST HEMORRHAGE and activate PPH narrator
- Vital signs q5 minutes
- Transfer to L&D if on different floor
- Determine etiology and treat
- Keep patient warm
- If atony unresponsive, place Bakri or Jada

### Medications:

- Ensure oxytocin is infusing
- Uterotonics, avoid contraindicated meds
- Give TXA

## STAGE 2:

QBL less than 1500ml AND HR >110, BP <85/45, O2 Sat < 95%

- Critical pause (If in OR, anesthesia led)
- Report QBL every 5-10 minutes
- Interventions not performed in prior stages
- Discuss with patient and family

### Medications:

- Continue uterotonics, avoid contraindicated meds
- Repeat TXA 30 minutes after first dose

### Blood Bank:

- Transfuse per vital signs and QBL, do not wait for lab results
- Thaw 2 units FFP

## POSSIBLE INTERVENTIONS:

- Consult OB (if applicable)
- Laceration repair
- Packing of hematoma
- Bakri balloon
- Jada device
- Exploratory laparotomy
- Compression suture/B-Lynch suture
- Uterine artery ligation
- Hysterectomy
- Interventional Radiology (pager) 919-216-8477

## DIFFERENTIAL DIAGNOSIS

- Tone (i.e., atony)
- Trauma (i.e., laceration, rupture)
- Tissue (i.e., retained products)
- Thrombin (i.e., coagulopathy)

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