

STAGE 3:

QBL > 1500 mL OR >2 units PRBCs given OR unstable VS OR suspicion of DIC

- Critical pause, identify leader
- Move to OR if not already there
- Place patient in lithotomy
- Interventions not performed in prior stages
- Call in surgical backup
- Consider cell saver
- Warm patient and warm room to 70 degrees
- Arterial line
- Calcium repletion
- Consider central venous catheter
- Consider intubation
- Redose preoperative antibiotics
- Consider ICU consult/bed request

Blood Bank:

- Initiate Massive Transfusion Protocol
- Thaw cryoprecipitate
- Consider any interventions not performed in Stage 2

STAGE 4:

Hypovolemic shock

- Critical pause, identify leader
- Immediate surgical intervention (hysterectomy)

Medications:

- ACLS

Blood Bank:

- Simultaneous aggressive MTP
- Add cryoprecipitate for each round of massive transfusion

DRUG DOSES:

Use available Pyxis Kit:

Postpartum Hemorrhage Medical Center

Avoid contraindicated medications

Methylergonovine (Methergine)

- Dose: 0.2 mg IM, may repeat every 2 hours
- Max: 5 doses
- **Contraindications: hypertension**

Misoprostol (Cytotec)

- Dose: 1000 mcg PR (may also give buccal or sublingual)
- Max single dose: 1000 mcg

Carboprost (Hemabate)

- Dose: 250 mcg IM, may repeat every 15 minutes
- Max: 8 doses
- **Contraindications: asthma**

Tranexamic Acid (TXA)

- Dose: 1 gram IV over 10 minutes, may be repeated once after 30 minutes
- May be given as an infusion under direction from anesthesia

LABORATORY STUDIES:

- CBC, PT/PTT/INR, fibrinogen, ABG, lactate

WRAP UP

- Determine disposition of patient
- Discuss with family and patient
- Debrief and file safe report
- Discuss epidural removal plan
- **Cancel MTP**

