

OB HEMORRHAGE SS

NURSING

REMINDER: For patients with obstetric hemorrhage and shock, consider the use of a non-pneumatic anti shock garment to restore hemostasis [Evidence](#)

- Vital signs other than routine: Q 5 minutes
- Continuous fundal massage
- Trendelenberg position
- Notify Anesthesiologist of patient status
- Insert indwelling urinary catheter with urimeter
- Monitor intake and output Q 1 Hr
- Estimate blood loss: weigh pads, clots and underpads to estimate blood loss
- Notify Physician if estimated blood loss > 500 mL or oxygen saturation \leq 95%
- Obtain Hemorrhage supplies:
 - Have blood tubing, pressure bag, and blood warmer available.
 - Obtain uterine tamponade balloon for possible insertion by MD
- Insert second peripheral IV with 16 gauge catheter
- Initiate active patient warming

RESPIRATORY

- Oxygen via 10L mask
- Continuous pulse oximetry to maintain saturation > 95%

IV FLUIDS

- LR IV to run at 999 mL/Hr
- Normal Saline 0.9% IV to run at 999 mL/Hr

MEDICATIONS

- Albumin 5%, 500 mL IVPB over 10 mins x 1 dose
- Oxytocin (Pitocin) 20 units/Lactated Ringers 500 mL IV to run at 999 mL/Hr (RN to mix)
- Misoprostol (Cytotec) 1,000 mCg PR x 1 dose

REMINDER: For pts with postpartum hemorrhage and hypertension, avoid the routine use of methylergonovine [Evidence](#)

- Methylergonovine (Methergine) 0.2 mg IM x 1 dose Prn vaginal bleeding. Hold if pt has a Hx of HTN.
- Methylergonovine (Methergine) 0.2 mg IM Q 6 Hrs x 4 doses Prn vaginal bleeding. Hold if pt has a Hx of HTN.

REMINDER: For postpartum patients with active pulmonary, renal, hepatic, or cardiac disease, do not use carboprost [Evidence](#)

- Carboprost (Hemabate) 250 mCg IM Q 15 mins x 2 doses; Hold if pt has Hx of asthma.

Other medications: _____

BLOOD BANK

REMINDER: Consider the use of activated factor 7 (Novo 7) if there is continued hemorrhage and all other blood replacement therapies have failed.

****SELECT the order for the blood product. In addition select the corresponding TRANSFUSION INSTRUCTION order (below) for nursing to administer the blood product*****

Red Blood Cells

PRBC 12 units

PRBC Indications

- | | | |
|--|---|--|
| <input type="checkbox"/> Hemoglobin <8 g/dL | <input type="checkbox"/> Pre-Op Hgb <9 g/dL | <input type="checkbox"/> Blood Loss >15% |
| <input type="checkbox"/> Symptomatic Anemia | <input type="checkbox"/> Hypotension/Shock | <input type="checkbox"/> Chronic Renal Failure |
| <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other _____ | | |

Unit specification

- | | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Autologous | <input type="checkbox"/> Directed | <input type="checkbox"/> Irradiated | <input type="checkbox"/> CMV Neg | <input type="checkbox"/> Washed RBC |
|-------------------------------------|-----------------------------------|-------------------------------------|----------------------------------|-------------------------------------|

PRBC Transfusion Instructions:

Number of units to transfuse: **12**

Begin Transfusion At: _____

Additional Instructions: _____

Platelets

Platelets Apheresis 6 units

PRBC Indications

- | | | | | | |
|--|---|---|---------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Plat <20,000 u/L | <input type="checkbox"/> Plat <50,000 u/L surgery pending | <input type="checkbox"/> Platelet Dysfunction | <input type="checkbox"/> Pre-Op | <input type="checkbox"/> Hypotension/Shock | <input type="checkbox"/> Blood Loss |
| <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other _____ | | | | | |

Unit specification

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Directed | <input type="checkbox"/> CMV Neg |
|-----------------------------------|----------------------------------|

Platelets Transfusion Instructions:

Number of units to transfuse: **6**

Begin Transfusion At: _____

Additional Instructions: _____

Thawed Plasma

Thawed Plasma 2 units

Thawed Plasma Indications

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> INR >1.5 | <input type="checkbox"/> Coumadin reversal | <input type="checkbox"/> Hypotension/Shock |
| <input type="checkbox"/> Pre-Op | <input type="checkbox"/> Blood Loss | <input type="checkbox"/> Chemotherapy |
| <input type="checkbox"/> Other _____ | | |

Plasma Transfusion Instructions:

Number of units to transfuse: **2**

Begin Transfusion At: _____

Additional Instructions: _____

Cryoprecipitate

Cryoprecipitate 10 unit

Cryoprecipitate Transfusion Instructions:

Number of units to transfuse: **10**

Begin Transfusion At: _____

Additional Instructions: _____

LABORATORY – Hematology

REMINDER: For patients requiring prostaglandin E2, the evidence for the use of coagulation studies to predict severe bleeding or mortality is inconclusive [Evidence](#)

Complete Blood Count (CBC) - STAT

LABORATORY - Chemistry

Basic Metabolic Panel (BMP) - STAT [Evidence](#)

LABORATORY – Coagulation

DIC Panel - STAT

OB HEMORRHAGE_SS_V15 11.14.12 OK FOR PRINTING

MEDITECH NAME: OB HEMORRHAGE-SS

MEDITECH MNEUMOIC: OB.BLEED

ZYNX- Vag Delivery Post Bleed SS

DRAGOO/KANOFSKY

V:\SJO Ordersets\Order Sets\OB-GYN\OB HEMORRHAGE-SS all versions

DIAGNOSTICS - Ultrasonography

- US Abdomen Limited, STAT [Evidence](#); Reason for exam: Obstetric hemorrhage
- Pelvic Limited, non-obstetric, STAT [Evidence](#); Reason for exam: Obstetric hemorrhage

DIAGNOSTICS - Interventional Radiology

- Interventional radiology request for service: Embolization for obstetric hemorrhage, any method STAT
Reason for procedure: Obstetric hemorrhage [Evidence](#)

MD CONSULTS

REMINDER: Consider Specialty Referral (I.e. Interventional Radiology, Anesthesiology, and/or Intensivist)

- MD Consult _____
- MD Consult _____
- MD Consult _____