Checklist for Managing Postpartum Hemorrhage

Complete all steps in proper stages regardless of stage in which the patient presents

Recognize, call for assistance:  □ Charge Nurse □ OB attending/MFM/Consult higher level of care

Designate:  □ Team lead □ Checklist reader/recorder □ Second RN

Announce:  □ Cumulative blood loss □ Vital Signs

Stage 1: Blood loss >500 mL to 1000 mL

Initial steps:
□ Ensure two 16 G or 18 G IV access
□ Empty bladder via straight catheter or indwelling Foley catheter with urimeter
□ Fundal massage
□ Vital signs every 5 minutes

Medications
□ Oxytocin infusion at bolus rate for up to maximum cumulative dose of 40 units
□ Administer appropriate medications, consider patient history

Action:
□ PPH/OB Emergency Kit to bedside, if available

Stage 2: Blood loss >1000 mL to 1500 mL

Initial steps:
□ Place second IV (16 or 18 G), if not already done
□ Initiate Massive transfusion protocol (MTP)
□ Prepare OR if clinically indicated (optimize visualization/examination)

Medications
□ Continue medications as indicated

Action:
□ Continue to assess, announce & record vital signs and QBL every 5-15 minutes
□ Stat labs: CBC, PT/PTT, INR, fibrinogen
□ Type and cross 2 units RBCs
□ Transfuse RBCs per clinical signs/symptoms (do not wait for lab results)

Stage 3: Continued bleeding; blood loss >1500 mL

Initial steps:
□ Activate OB emergency, if applicable
□ Move to OR; communicate plan (anesthesia/patient position/equipment)
□ Mobilize additional help: Notify back-up provider

Medications
□ Continue medications as indicated
□ Consider antibiotics

Action:
□ Stat labs every 30 minutes: CBC, PT/PTT, INR, fibrinogen, blood gas, electrolytes including calcium
□ Continue with MTP per clinical signs/symptoms (do not wait for lab results)
□ Warm all transfused fluids
□ Monitor core temperature: direct warming of the patient to maintain euthermia