

# 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
- QBL assessed, announced and recorded every 5-15 minutes
- Determine etiology and treat

### Medications

#### Oxytocin

30 units per 500 mL solution: 167 mL= 10 units  
10 units IM (if no IV access)

#### Methylergonovine (Methergine)

0.2 milligrams IM every 2 to 4 hours as needed;  
caution with hypertension

#### Carboprost (Hemabate)

250 micrograms IM (may repeat every 15  
minutes, maximum 8 doses); caution with  
asthma

#### Misoprostol (Cytotec)

800 micrograms rectal or 600 micrograms buccal  
(1000 micrograms maximum dose)

#### Tranexamic Acid (TXA)

1 gram IV over 10 minutes, if bleeding persists  
second dose of TXA 1 gram IV can be  
administered after 30 minutes (use within three  
hours of start of bleed)

## 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 eutheria