**Obstetric Hemorrhage-Readiness Assessment**

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| **Requirements-Every Unit** | **In Place- Consistently Executed** | **In Place- Not Working** | **Not In Place** | **Comments** |
| Hemorrhage cart with supplies, checklist and instruction cards for intrauterine balloons and compressions stitches. |  |  |  |  |
| Immediate access to hemorrhage medications (kit or equivalent). |  |  |  |  |
| Establish a response team-who to call when help is needed (blood bank, advanced gynecologic surgery, other support and tertiary services). |  |  |  |  |
| Establish massive and emergency release transfusion protocols (type O negative /uncrossmatched). |  |  |  |  |
| Unit education on protocols, unit-based drills (with post-drill debriefs). |  |  |  |  |

**For each requirement that is not in place and consistently executed, complete an Action Plan**