**PPH Verge Audit Tool**

Instructions: Answer all the questions. If the question does not apply, mark N/A. If a “No” answer, please document in the comment section the reason. Please include the physican’s name and the nurse’s name(s) caring for the patient.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES | NO | N/A | COMMENTS |
| Did the OB record received from the physician provider identify risk factors? |  |  |  |  |
| Grand Multiparity? |  |  |  |  |
| Obesity? |  |  |  |  |
| Previous Hemorrhage? |  |  |  |  |
| Bicornate uterus? |  |  |  |  |
| Prolonged labor? |  |  |  |  |
| Malpresentation? |  |  |  |  |
| Uterine fibroids? |  |  |  |  |
| Infection? |  |  |  |  |
| Polyhydramnios? |  |  |  |  |
| Multiple gestation? |  |  |  |  |
| Tocolytics? |  |  |  |  |
| Retained placenta? |  |  |  |  |
| Prolapsed or inverted uterus? |  |  |  |  |
|  |  |  |  |  |
| **INTRAPARTUM: ACTIVE MANAGEMENT OF 3RD STAGE LABOR** |  |  |  |  |
| Was 10-20 units of Oxytocin IVF or 10 mg IM given with the delivery of the placenta? |  |  |  |  |
| Was a vigorous massage of the uterus done every 15 minutes x 2 hours after delivery? |  |  |  |  |
| Did the physician control cord traction on the placenta and examine for signs of retained tissue? |  |  |  |  |
| Physician examined the vagina and cervix for tears? |  |  |  |  |
| Is a ***quantifiable*** amount of blood loss documented? |  |  |  |  |
| Was lochia documented with amount? |  |  |  |  |
|  |  |  |  |  |
| **DURING RECOVERY PHASE OR POSTPARTUM PHASE** |  |  |  |  |
| Was lochia documented with the amount? |  |  |  |  |
| Was fundus and placement in the abdomen documented? |  |  |  |  |
| Was there documentation of bladder condition or distension? |  |  |  |  |
| Was decreased urinary output noted? |  |  |  |  |
| Were the size and amount of blood clots noted? |  |  |  |  |
| Were alterations in the vital signs noted? (B/P decreased, pulse increased, respiratory rate increased) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES | NO | N/A | COMMENTS |
| **DURING POSTPARTUM continued** |  |  |  |  |
| Was there an altered level of consciousness documented? |  |  |  |  |
| Were any of the following noted: skin color, pallor, cyanosis, clamminess? |  |  |  |  |
| Was a visible hematoma or laceration noted? |  |  |  |  |
| Were any of the following documented: vaginal hematoma, ecchymosis, swelling, tenderness of the perineum, rectal pressure? |  |  |  |  |
|  |  |  |  |  |
| **PROCEDURE(S) IF PPH OCCURRED** |  |  |  |  |
| Was the health care provider notified? |  |  |  |  |
| Was the hemorrhage cart in the room? |  |  |  |  |
| Was fundal massage documented? |  |  |  |  |
| Was the IV patent? |  |  |  |  |
| Was a second IV line placed? |  |  |  |  |
| Was an IV bolus given? |  |  |  |  |
| Was O2 applied via mask at 10 liters? |  |  |  |  |
| Was a foley with a urimeter inserted if indicated? |  |  |  |  |
| Was the patient’s intake and output monitored? |  |  |  |  |
| Was the patient kept NPO? |  |  |  |  |
| Were the appropriate labs drawn? (H&H, Coag studies) |  |  |  |  |
| Were any of the following drugs ordered: Oxytocin, Methergine, Hemabate, Misoprostol? Please list all that apply and time given in the comment section. |  |  |  |  |
| Was the Tamponade balloon used?  Was procedure documented in EMR? |  |  |  |  |
| Was the patient prepped for surgery, if necessary? |  |  |  |  |
| Was the Charge Nurse notified? |  |  |  |  |
| Was the OR team notified? |  |  |  |  |
| Was Anesthesia notified? |  |  |  |  |
| Was the OR consent signed, dated, and timed? |  |  |  |  |
|  |  |  |  |  |
| **List Staff involved** |  |  |  |  |
| Physician(s): |  |  |  |  |
| Nurse(s) caring for the patient: |  |  |  |  |
| Nurse completing audit: |  |  |  |  |

3.2016

Patient Sticker Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_