

Owner Jill Hughes: Dir Clinical Programs Area Women's Center Applicability INTEGRIS Health - Acute Hospitals Group

Postpartum Hemorrhage, SYS-PCS-Women's-105

1. PURPOSE:

To provide guidelines for management of the patient experiencing a primary or secondary hemorrhage during the antepartum and/or postpartum period.

2. POLICY:

- A. Upon admission and on admission to postpartum phase of care, the RN will screen each patient for risk factors and appropriately classify the patient as high, medium, or low risk and document in the EHR. RN will continuously assess for changes in risk factors and update documentation as risk factors change, including but not limited to, prior to delivery, after delivery and at the end of the recovery period.
- B. The RN will document risk classification in the medical record and will notify the ordering provider if the patient is medium or high risk.
- C. The ordering provider and RN will review the patient history, risk factors and plan of care. The Ordering provider will determine if additional orders are needed.
- D. Upon identification of patients as moderate or high risk, the RN will review the Postpartum Hemorrhage Protocol and the Obstetric Hemorrhage Care Guidelines Checklist (see Attachment A and Attachment B)
- E. RN will notify charge/team lead of hemorrhage risk and other caregivers as needed

3. SCOPE:

This policy shall apply to all INTEGRIS Health caregivers and all organizations and personnel (e.g., employees, independent contractors, vendors, volunteers, etc.) of INTEGRIS Health and specifically the CMS Providers and entities listed in the Applicability section.

4. PROCEDURE:

- A. On admission for delivery a hemorrhage assessment is completed and documented in the EHR initially and when risk factors change
- B. If risk for PPH is moderate or high a plan of care is discussed with the ordering provider
- C. After delivery, assess fundal tone, location and monitor blood loss
- D. Assess blood loss and document in the EHR
- E. For Stage 0-All Births; less than 1,000 ml blood loss
 - 1. Prophylactic oxytocin is administered as ordered by the ordering provider
 - 2. Assess fundal tone, location and monitor blood loss
 - 3. Assess blood loss and document in the EHR
- F. For Stage 1-cumulative blood loss of greater than 1000ml
 - 1. Notify the charge/team lead, the ordering provider, attending physician if applicable, anesthesiologist/CRNA, scrub tech if available and call for an additional RN
 - 2. Notify OR Team to prepare to come in if surgical intervention is required and OR team is not part of your obstetrical department that is available in house
 - 3. Request the OB Hemorrhage Cart at bedside
 - 4. Obtain PPH medications from the automated medication dispensing unit
 - 5. Evaluate peripheral IV access and determine if additional access is needed
 - 6. Administer medications and IV fluids as directed by the ordering provider.
 - 7. Assess vital signs (BP, MAP, P, HR, O2 Sat and level of consciousness every 5 minutes or more frequently as needed if actively bleeding
 - 8. Apply oxygen via face mask to maintain oxygen saturations above 95%
 - 9. Continuous vigorous fundal massage should be performed as directed by the ordering provider.
 - 10. Consider placing a Foley catheter if one is not already in place to monitor urine output, as directed by the ordering provider.
 - 11. Continue to monitor and quantify blood loss, notify ordering provider of changes in patient status
 - 12. Request the ordering provider order a Type and Crossmatch for 2 units of packed red blood cells if not previously ordered
 - 13. Keep patient warm
- G. For Stage 2-continued bleeding, vital sign instability and greater than 1000 ml cumulative blood loss and less than 1500 ml cumulative blood loss
 - 1. Ensure completion of all tasks listed under Stage 1 if indicated per patient condition
 - 2. If uterine atony, consider bi-manual exam to be performed by ordering provider, prepare for possible insertion of uterine tamponade balloon if indicated.

- 3. Assess need for additional lab work to be drawn
- 4. Check availability of blood products if previously ordered in the EMR, notify blood bank/lab about the possibility of needing multiple blood products or the massive transfusion protocol (MTP)
- 5. Determine if rapid infuser is needed for blood administration and arrange for rapid infuser to be delivered to department
- 6. Consider moving the patient to the operating room
- H. For Stage 3-continued bleeding, cumulative blood loss greater than 1500ml, vital sign instability and/or suspicion of DIC
 - 1. Ensure completion of all tasks listed under Stage 1 and Stage 2 if indicated per patient condition
 - Administer blood products as directed by ordering provider or anesthesia provider, discuss need for additional blood products and activate the MTP as directed by physician or anesthesia provider
 - 3. Determine what additional personnel is needed
- Perform team debrief at the conclusion of the PPH if `1000 ml QBL and/or 4 or more units of blood products are administered, a surgical intervention is performed or there is a transfer to a higher level of care

Clinical and treatment related policies, procedures and protocols are intended as guidelines. It is recognized that situations can be unique, and caregivers and health care providers are expected to follow established practice and sound clinical judgment in making decisions and practicing safety in their daily activities.

References:

TJC PC 06.01.01; CMQCC OB Hemorrhage Toolkit V 2.0, 2015; ACOG Practice Bulletin No. 183: Postpartum Hemorrhage, 2017, reaffirmed 2019. Dynahealth Nursing Skills: Performing Fundal Assessment in the Postpartum Patient; Measuring Blood Loss Post-Delivery; Assessing Risk of Postpartum Hemorrhage; Uterine Atony Assessment: Assisting with Tamponade Catheter Insertion

Attachments

Obstetric Emergency Management Plan: Flow Chart Format

Obstetric Hemorrhage Emergency Management Plan: Checklist Format

Approval Signatures

Step Description

Approver

Date

Standards

No standards are associated with this document

