

**Maternal Hemorrhage Protocol**

<b>Allergies:</b>	<b>Weight:</b>	<b>Height:</b>
<b>Physician Orders:</b>	<b>Implementing Nurse:</b>	<b>Date/Time:</b>
<b>Labs: STAT</b> <ul style="list-style-type: none"> <li>• CBC</li> <li>• PT/PTT/INR</li> <li>• Fibrinogen</li> </ul>		
<b>Blood Bank Orders: STAT</b> <ul style="list-style-type: none"> <li>• Type and Crossmatch for 4 units of packed red blood cells</li> <li>• Transfuse 2 units available packed red blood cells immediately if indicated</li> </ul>		
<b>Start an IV in both extremities with a 16 gauge or larger</b> IV fluids: <ul style="list-style-type: none"> <li>• #1 Lactated Ringers at 200ml/hr.</li> <li>• #2 Normal Saline at KVO</li> </ul>		
<b>Respiratory:</b> <ul style="list-style-type: none"> <li>• Oxygen via face mask at 10 liters</li> </ul>		
<b>Activity:</b> <ul style="list-style-type: none"> <li>• Bedrest</li> <li>• Sequential compression devices on lower extremities</li> <li>• Insert 16 french indwelling foley catheter</li> <li>• Strict hourly intake and output; call for urine output &lt;40ml/hr</li> </ul>		
<b>Vital Signs:</b> <ul style="list-style-type: none"> <li>• Blood Pressure, pulse, and respirations every 5-10 minutes until stable, then every hour x4, then every 4 hours x1</li> <li>• Continuous cardiac monitoring and pulse oximetry</li> </ul>		
<b>A. Antepartum:</b> <ul style="list-style-type: none"> <li>• Continuous fetal monitoring</li> <li>• Pediatrician consult</li> <li>• Anesthesia consult</li> </ul>		
<b>B. Postpartum:</b> <b>Uterine Assessment:</b> <ul style="list-style-type: none"> <li>• Check and record lochia every 5-10 minutes until stable, then every 30 minutes x4, then every hour x 4</li> </ul> <b>Medications for Post partum hemorrhage:</b> <ul style="list-style-type: none"> <li>• Oxytocin 40 units in 1000ml LR to run at 200ml/hr. If no improvement within 5 minutes proceed to Methergine.</li> <li>• Methylergonovine (Methergine) 0.2 mg IMx1 unless contraindicated by hypertension. If no improvement within 5 minutes or contraindicated proceed to Hemabate.</li> <li>• Carboprost (Hemabate) 250 micrograms IM x1 unless contraindicated by asthma. If no improvement within 15 minutes or contraindicated proceed to Cytotec.</li> <li>• Misoprostol (Cytotec)1000 mcg per rectum x1</li> </ul>		
<ul style="list-style-type: none"> <li>• Call the Blood Bank and have them initiate the Massive Blood Loss/DIC Protocol if massive transfusion is needed.</li> </ul>		

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

