



Maternal Hemorrhage Code Documentation Sheet

Date: _____ Location: _____
Time: _____ AM PM Code called by: _____

Staff responding to emergency:

Name: _____ Time called: _____ Time arrived: _____ Signature: _____
 Name: _____ Time called: _____ Time arrived: _____ Signature: _____
 Name: _____ Time called: _____ Time arrived: _____ Signature: _____
 Name: _____ Time called: _____ Time arrived: _____ Signature: _____
 Name: _____ Time called: _____ Time arrived: _____ Signature: _____
 Name: _____ Time called: _____ Time arrived: _____ Signature: _____

AIRWAY/VENTILATION

O2 Delivery Device: _____
FIO2/Liters per minute: _____

INITIAL VITAL SIGNS

Time	BP	Pulse	Resp.	SpO2	Temp.

CIRCULATION

IV Access: Prior to Code During Code
 IV Access Type: Peripheral IV Central Line
 IntraOsseous Other: _____

IV Size and Location #1: _____
 IV Fluids: _____
 IV Size and Location #2: _____
 IV Fluids: _____
 IV Size and Location #3: _____
 IV Fluids: _____

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INTERVENTION	Standard Dosing	Dose/Route Time	Dose/Route Time	Dose/Route Time	Dose/Route Time	Dose/Route Time	Initials
Oxytocin (Pitocin)	30 units in 500 ml NS IV rapid infusion (0.06 units/ml)	____units/IV	____units/IV	____units/IV	____units/IV	____units/IV	
Misoprostol (Cytotec)	1000 mcg rectally	____mcg/PR	____mcg/PR	____mcg/PR	____mcg/PR	____mcg/PR	
Methergine	0.2mg IM every 2-4 hours (maximum 5 doses)	____mg/	____mg/	____mg/	____mg/	____mg/	
Carboprost (Hemabate)	250mcg IM/IV every 15-90 minutes (maximum 8 doses)	____mcg/	____mcg/	____mcg/	____mcg/	____mcg/	

OTHER:

Blood Products	Packed red blood cells						
	Platelets						
	Fresh frozen plasma						
	Hespan						
Non-surgical Interventions	Uterine balloon						
	Ultrasound						
	X-ray						

MR# _____ DOB: _____
ACCT# _____

