

Managing Maternal Hemorrhage

VITAL SIGNS

Normal vitals do not always assure patient stability

AIRWAY

- Provide adequate ventilation
- Assess need for intubation

BREATHING

- Supplemental O₂ 5-7 L/min by tight face mask

CIRCULATION

- Pallor, delayed capillary refill, and decreased urine output can indicate compromised blood volume without change in BP or HR
- Decreased urine output, decreased BP, and tachycardia may be late signs of compromise

ACTIONS

- Notify team
- Bring cart & medications to patient room
- Activate Massive Transfusion Protocol

INFUSIONS

- Start 2nd large bore IV (16 gauge if possible)
- Ringers Lactate (RL) replaces blood loss at 2:1
- Prepare for transfusion
- Blood coagulation factors
- Warm blood products and infusions to prevent hypothermia, coagulopathy, and arrhythmias

MEDICATION FOR UTERINE ATONY

OXYTOCIN (PITOCIN)

10-40 units per 500-1000mL solution

METHYLERGONOVINE (METHERGINE)

0.2 milligrams IM

Avoid with hypertension

PROSTAGLANDIN F2 ALPHA (HEMABATE)

250 micrograms IM (may repeat in q15 minutes, maximum 8 doses)

Avoid with asthma; use with caution with hypertension

MISOPROSTOL (CYTOTEC)

800-1000 micrograms PR, 600 micrograms PO, or 800 micrograms SL

OTHER CONSIDERATIONS

Intrauterine balloon tamponade

SURGICAL INTERVENTIONS

May be a life-saving measure and should not be delayed pending correction of coagulopathy, the most common reason for the delay

Important Phone Numbers

Rapid Response Team:

Blood Bank:

Anesthesia:

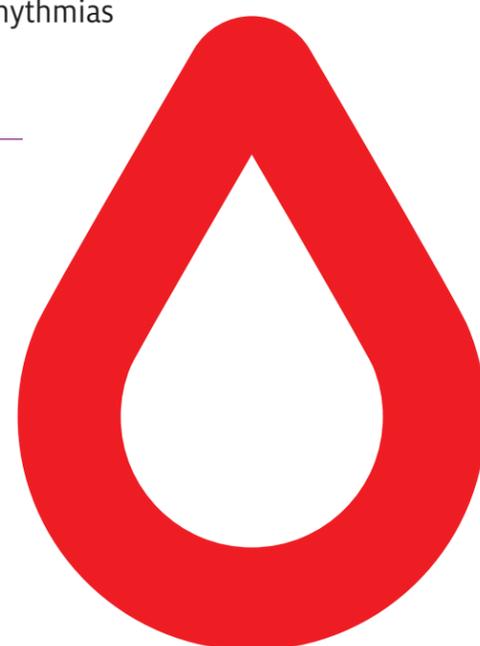
Interventional Radiology:

Senior Surgeon:

ICU:

Director of Service:

Other:



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