

Postpartum Hemorrhage Mock Drill

CASE #3

“Vaginal Delivery”

Team Members: _____

START TIME: _____

END TIME: _____

RISK ASSESSMENT AND PREPARATION				COMMENTS
Risk Factors	Yes	No	N/A	
• 3 or more previous C/S	Yes	No	N/A	
• Uterine atony	Yes	No	N/A	
• Abnormal Placenta (placenta abruption, placenta previa, placenta accreta, retained placenta)	Yes	No	N/A	
• Medications (Oxytocin, MgSO4)	Yes	No	N/A	
• Uterine Distention/Anomaly (multiple gestation, polyhydramious, fibroid tumors, bicornate uterus)	Yes	No	N/A	
• Hypertensive Disorders (PIH, Preeclampsia, Chronic Hypertension, Superimposed Preeclampsia, Eclampsia or HELLP Syndrome)	Yes	No	N/A	
• IUFD	Yes	No	N/A	
• Chorioamnionitis	Yes	No	N/A	
• Obesity	Yes	No	N/A	
• Macrosomia	Yes	No	N/A	
• Grandmultiparity	Yes	No	N/A	
• History of Hemorrhage or Coagulopathy Disorder	Yes	No	N/A	
• Trauma	Yes	No	N/A	
• Other (Prolonged Second Stage, Prenatal Anemia)	Yes	No	N/A	
Assess interventional radiology (if applicable)				
Assess patient prenatal, medical, obstetrical and social history	Yes	No	N/A	
Assess deliver mode and complications	Yes	No	N/A	
Assess uterotonics given after delivery	Yes	No	N/A	
Assess blood loss prior to admission or during delivery	Yes	No	N/A	
Document risk assessment	Yes	No	N/A	
RECOGNITION AND ESTIMATION OF BLOOD LOSS (1 gm = 1 ml)				
Estimation of blood loss, color and odor: weight vs. visual	Yes	No	N/A	
Assess H&H: antepartum, admission and postpartum	Yes	No	N/A	
Assess fundus: firm or boggy	Yes	No	N/A	
Assess episiotomy/incision, lacerations, perineum and rectum	Yes	No	N/A	
Pelvic exam with manual extraction	Yes	No	N/A	
Assess Vital Signs and compare to prenatal, admission, intrapartum and recovery Vital Signs (conscious level, capillary refill, pulse O2)	Yes	No	N/A	
Assess pain level	Yes	No	N/A	
Assess bladder	Yes	No	N/A	
Assess IV rate and adjust	Yes	No	N/A	
Call appropriate Help (Attending Physician, Resident, Nurse Midwife, Charge Nurse, Anesthesia, Rapid Response Team, NICU/Neonatologist) and give report	Yes	No	N/A	
Activate Chain of Command/Communication if appropriate	Yes	No	N/A	
Document recognition and estimation of blood loss	Yes	No	N/A	

DIAGNOSIS				COMMENTS
Labs ordered and drawn (H/H, platelets, PT,PTT, FDP, INR D-dimer, fibrogen, type and cross)	Yes	No	N/A	
Identify diagnosis and source of bleeding	Yes	No	NA	
Communicate to patient and family diagnosis	Yes	No	NA	
Communicate to blood bank and order blood	Yes	No	NA	
Request for Rapid Response	Yes	No	N/A	
Request for consultation from MFM, Surgery, and other	Yes	No	N/A	
Document diagnosis and plan of care	Yes	No	N/A	
INTERVENTION/TREATMENT FOR HYPOVOLEMIA AND ETIOLOGY				
Maintain rate of primary line or increase rate (NS or LR); 18 gauge or larger	Yes	No	N/A	
Start secondary line with NS or LR and maintain rate	Yes	No	N/A	
Insert foley	Yes	No	N/A	
Apply O2	Yes	No	N/A	
Check VS every 5" while actively bleeding; every 15" while stable; check pulse O2	Yes	No	N/A	
Continue to monitor fundus and lochia	Yes	No	N/A	
Compare labs to baseline labs and notify physician	Yes	No	N/A	
Give report to appropriate personnel (Physician, Nurse Midwife, NICU/Neonatologist, Charge Nurse, Anesthesia, Rapid Response Team	Yes	No	N/A	
UTEROTONIC MEDICATIONS ORDERED				
• Oxytocin	Yes	No	N/A	
• Methergine	Yes	No	N/A	
• Hemabate	Yes	No	N/A	
• Cytotec	Yes	No	N/A	
ORDER AND ADMINISTER BLOOD PRODUCTS				
• PRBC O neg	Yes	No	N/A	
• PRBC type specific	Yes	No	N/A	
• Platelets	Yes	No	N/A	
• FFP	Yes	No	N/A	
• Cryo	Yes	No	N/A	
OTHER TREATMENTS				
NON-SURGICAL	Yes	No	N/A	
• Examine uterus, bimanual pressure	Yes	No	N/A	
• Tamponade devices	Yes	No	N/A	
• Manual expulsion	Yes	No	N/A	
• Uterine packing	Yes	No	N/A	
SURGICAL	Yes	No	N/A	
• D&C	Yes	No	N/A	
• Uterine Artery Ligation	Yes	No	N/A	
• B-Lynch Suture	Yes	No	N/A	
• Hypogastric Artery Ligation	Yes	No	N/A	
• Selective Arterial Embolization	Yes	No	N/A	
• Hysterectomy	Yes	No	N/A	
• Exploratory Laparotomy	Yes	No	N/A	
Documentation interventions and treatment	Yes	No	N/A	
Evaluate treatment/interventions	Yes	No	N/A	