

**OB HEMORRHAGE REPORT [TEMPLATE]**

Your Hospital  
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**Initiate at Stage 1:**  
 Blood loss >500 ml vaginal, 1000 ml cesarean OR Vital Signs >15% change or HR ≥110, BP ≤85/45, O2 Sat <95% OR  
 Increased bleeding during recovery, postpartum

Patient  
 Addressograph

MD Team Names		Notified Time	Arrival Time	Date	Unit						
				History:							
		Time (HR:Min)	Time (HR:Min)	Time (HR:Min)	Time (HR:Min)	Time (HR:Min)	Time (HR:Min)	Time (HR:Min)	Time (HR:Min)	Time (HR:Min)	Time (HR:Min)
<b>VITAL SIGNS</b>	HR										
	BP										
	RR										
	O2 sat										
	EBL										
	Mental status										
	Urine output										
	Pain										
<b>MEDICATIONS</b>	Methergine										
	Hemabate										
	Misoprostol										
	Pain meds										
<b>IV &amp; BLOOD PRODUCTS</b>	LR										
	NS										
	Oxytocin IV drip										
	RBCs										
	FFP										
	PLTS										
	CRYO										
<b>LABS (note time drawn &amp; results time)</b>	Hemacue										
	Hct/Hgb										
	Platelets										
	PT/PTT										
	Fibrinogen										
<b>PROC EDUR</b>	ABG										
	Uterine balloon, Embolization, X-ray, Ultrasound, etc.										
Outcome					Disposition						
Primary nurse			R.N.		Other nurses						
Team Leader (MD) Note:					MD Signature						

White copy – Chart  
 Yellow copy – Nurse manager

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