

Checklist for Initial Management of PPH



STEP 1: CALL FOR HELP!

- OB Stat
- Primary OB
- OB Chief Resident
- OB Anesthesia
- Attending: 650-721-0865
- Fellow: 650-721-0866
- Resident: 650-721-0867

STEP 2: IDENTIFY & TREAT CAUSE ~ Atony, Laceration, Retained / Adherent Placenta, Coagulopathy

- Fundal massage
- Wide-bore IV access x 2
- IV fluids - high rate
- PPH kit + PPH cart
- Vitals q 1-2 min
- 2nd- line uterotonic(s)⁺
- Place Foley catheter

STEP 3: ASSESS MAGNITUDE

Phase 1 (first 5-10 mins)

- 100% oxygen
- Fluid resuscitation with Belmont
- Send labs + TEG
(ABG/CBC/PT/PTT/INR/Fibrinogen/iCa)
- Assess QBL
- Activate MTG
(if bleeding severe, give FFP, cryoprecipitate or fibrinogen concentrate (RiaSTAP) early)
- Bakri balloon (for refractory atony)

Phase 2 (first 10-15 mins)

- Early transfer to OR (if bleeding is ongoing)
or IR (if bleeding ongoing + stable)
- Maintain normothermia
- Treat hypocalcemia

* Uterotonics for Atony

Pitocin 1-2 unit boluses (by anesthesiologist only)
Max 40 u/1000 mL (up to 999 mL/hr)

If SEVERE uterine atony, consider:

Methergine 0.2 mg IM q 2-4 hr
Hemabate 0.25 mg IM q 15 min
Misoprostol 600-800 mcg buccal

CALL FOR HELP IN ALL CASES