Checklist for Initial Management of PPH

**Recognize**

**Treat**

**Transfuse early**

**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

**Uterotonic(s) 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