APPENDICES

APPENDIX A: STAGES OF HEMORRHAGE POSTER FOR CART
(Miller Children’s Hospital Long Beach)
(Used with permission)

<table>
<thead>
<tr>
<th>STAGE 1</th>
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<td>QBL &gt; 500 ml VD or &gt;1000 ml CS OR Increased bleeding during recovery</td>
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- **Notify Coordinator; Notify OB and Anesthesiologist**
- **Hemorrhage cart and scale** to room
- **Verify IV ACCESS** (at least 18 gauge)
- **Increase Oxytocin Rate** - Run wide open (20-40 units per liter)
- **Vigorous Fundal Massage**
- **METHETERGINE 0.2mg IM – Do not give if hypertensive**
- **Apply Pulse Oximeter**
- **Vital Signs & O2 Sat Q 5-15 min**
- **QBL Q 5-15 minutes; weight of bloody items**
- **Empty Bladder;** (consider Foley with urimeter)
- **T&C 2 UNITS** Stat (if not done)
- **Administer Oxygen** to keep O2 Sat > 95%
- **Apply Warm Blankets**
## STAGE 2
Continued bleeding or VS instability
QBL < 1500 ml

- **OB TO BEDSIDE**
- **Announce Vital Signs** & O2 Sat Q 5-10 minutes
- **Announce QBL** Q 5-10 minutes, **weight** of bloody items
- **HEMABATE** 250 mcg IM or **MISOPROSTOL** 1000 mcg PR
- **2nd IV access** (16 gauge preferred)
- **Bimanual uterine massage**
- **LABS:** CBC, Basic Metabolic Panel, PT, PTT, Fibrinogen, ABG prn O2 sat less than 95%
- **Bring 2 units PRBC to bedside**
- **TRANSFUSE** PRBCs per clinical signs and response – Do NOT wait for lab values
- **Blood Warmer** for Transfusion
- **Insert Foley with urimeter** (if not previously done)
- **Move to OR / IR**
STAGE 3
QBL > 1500 ml VS unstable or suspicion of DIC

“ALL HANDS ON DECK!”

- MOBILIZE TEAM – MFM, GYN Surgeon, 2nd Anesthesia provider
- Activate MTP
- Apply Bair Hugger
- Blood/Fluid Warmer and Rapid Infuser
- TRANSFUSE AGGRESSIVELY (1 PRBC: 1 FFP)
- Consider Interventional Radiology
- Announce Vital Signs & O2 Sat Q 5-10 minutes
- Announce QBL Q 5-10 minutes
- LABS: CBC, PT, PTT, Fibrinogen, ionized Calcium (repeat after every 8 units PRBC) ABG prn O2sat less than 95%
- Apply SCD’S
- Assign staff to family support; Call Social Worker, Chaplain