

**Nursing Policy Statements:** (designates what MUST be done)

1. The RN monitors patient for postpartum hemorrhage, defined as:
  - a. Cumulative blood loss of  $\geq 1000$ ml within the first 24 hours following childbirth
  - OR**
  - b. blood loss accompanied by sign/symptoms of hypovolemia within 24 hours following the birth process (includes intrapartum loss).
    - i. Signs/symptoms of hypovolemia may include tachycardia, hypotension, tachypnea, oliguria, pallor, dizziness, or altered mental status (VS changes ( $>15\%$ , or HR  $\geq 110$ , BP  $\leq 85/45$ , O<sub>2</sub> sat  $<95\%$ ). [Post-Partum Nursing Care Guideline](#)
2. The RN calls 4-2012 for emergent assistance to activate the Perinatal Code Team and/or Blood Alert Protocol/FastBlood Alert. [Escalation of Care for OB Patients](#).
  - a. The RN calls the Primary Attending if OB/Gyn is not the primary team if 4-2012 is called.
3. The RN remains with the patient and monitors vital signs.
4. The RN provides/continues uterine massage as outlined in the [Uterine Atony Management procedure](#).
5. The RN ensures patient has IV access with at least 18 gauge for IVF bolus and medications per LIP order.
6. The RN weighs under/peri pads using standard counter scales to determine blood loss more accurately as per [Postpartum Nursing Care Guidelines](#).
7. The RN enters estimated blood loss into the [Quantification of Blood Loss tool](#) and transfer figures into the EMR I&O Flowsheet.
8. The RN partners with the LIP team to follow the [Obstetrical Hemorrhage Guideline](#) based on hemorrhage blood loss amount and/or urgency.
9. The RN administers blood per [Nursing Policy: Blood and Blood Product Administration](#).
10. The RN assesses for bladder distention and inserts an indwelling urinary catheter per [Nursing Policy: Indwelling Urinary Catheter Insertion & Maintenance](#) if indicated.

**Policies** (designates what MUST be done)

- [Medical Center Policy 0146](#): Blood Utilization and Administration
- [Medical Center Policy 0079](#): Resuscitative (Code) Status Orders
- [Medical Center Policy 0324](#): Clinical Communication and Escalation of Care/Inpatient Services
- [Infection Control Policy IX.E.1](#): Blood and Body Fluid Exposures through Puncture Wounds, Skin and Mucous Membranes ([Process](#) and [Scenarios](#))
- [Pharmacy Policy B46](#): Pyxis Override Policy and List
- [Nursing Policy: Blood and Blood Product Administration](#)
- [Nursing Policy: Indwelling Urinary Catheter Insertion & Maintenance](#)

**Protocols** (pre-determined criteria & actions that MUST be implemented)

Organization-wide:

- [1.110 : Medical Emergency Team \(MET\) Rapid Response Activation for Adult Inpatients](#)
- Enhanced Recovery After Surgery (ERAS): [OB Repeat Cesarean Delivery Protocol 1.028](#) and [Pathway 3.004e](#)

Women's Services:

- [Protocol for Post-Partum Care Routines](#)

**Guidelines** (provides RECOMMENDATIONS)

Organization-wide:

- [2.040: Blood Component Transfusion Guidelines](#)

Women's Services:

- [Labor and Delivery, Nursing Care](#)
- [Emergency Cesarean Birth: Team Roles](#)
- [Postpartum Nursing Care Guideline](#)

- [Prevention & Management of Obstetrical Hemorrhage](#)
- [Misoprostol Administration Guidelines](#)

Other Local / Regional:

- ED Guideline S-8: [Screening and Stabilization of the Obstetrical Patient](#)

## Standard Work (best known how-to steps to optimize outcomes, minimize waste and variation)

Organization-wide:

- [Gloves On, Goggles On](#)
- [Transvaginal Use of Bakri Balloon for Uterine Tamponade](#)
- [Transfers to Inpatient Hospice Unit](#)
- [Mortality Reviews](#) / [Mortality Review Map](#)

Local / Regional:

- Women's: [Event Debriefing – Perishable Data](#)
- [Obstetric Escalation of Care](#)
- [Health Unit Coordinator \(HUC\) Team Collaboration during OB/Newborn Emergencies](#)

## Procedures (how-to steps):

Lippincott	AACN Manual – CRITICAL CARE
<a href="#">Abruptio placenta patient care</a> <a href="#">Amniotic fluid embolism patient care</a> <a href="#">Blood and Blood products, administration of</a> <a href="#">Blood/Fluid Warming with Arizant Ranger System</a> <a href="#">Carboprost tromethamine administration for postpartum hemorrhage</a> <a href="#">Fundal assessment, postpartum</a> <a href="#">Oxytocin administration, postpartum</a> <a href="#">Patient Transport: Method (Bed, Stretcher) &amp; Accompanying Staff (RN, PCA, PCT)</a> <a href="#">Perineal care, postpartum</a> <a href="#">Postpartum hemorrhage management using a tamponade catheter (a.k.a. Uterine tamponade using a balloon catheter)</a> <a href="#">Uterine atony management</a>	<a href="#">115 : Use Of A Massive Infusion Device And A Pressure Infusor Bag</a>

## Required Patient & Family Education for this topic:

- None

## External resources:

- [CMQCC Maternal Quality Improvement Toolkits](#)

Primary Contact:	Version information:	Date & Approval Body:
Sally Miller	Version 1.0: Initial version	2/2/18 CNO & Nursing Executive Committee

**Keywords:** hemorrhage, postpartum, post-partum, post partum, obstetrical, obstetric, PPH, uterine massage, QBL, blood loss, blood, transfusion, EBL, blood loss tool