

## Team Review and Debriefing Form: Postpartum Hemorrhage

### READINESS

	Yes/No	Opportunity for Improvement
Hemorrhage cart stocked with all needed supplies		
Hemorrhage medications immediately available		
Emergency response team established		
Massive transfusion protocol available		
Emergency blood release protocol available		

### RECOGNITION & PREVENTION

Review risk factors for hemorrhage in this patient: (list factors)

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### RESPONSE

ASSESSMENT/ACTION	EVALUATION			Notes
	Done	Not Done	Improvement Opportunity	
Provider/Team recognizes PPH in timely manner				
Team calls for hemorrhage cart				
Provider/Team calls for additional assistance				
Team inspects for lacerations				
Provider checks for retained products of conception				
Team diagnoses etiology of hemorrhage accurately				
Team administers uterotronics				
Team communicates about ongoing blood loss				
Team places second IV				
Team orders labs (CBC/PR/PTT)				
Team considers placements of Foley catheter to monitor urine output				
Team considers administering TXA				
Team places uterine balloon or uterine packing				
Team recognizes need for operative management of PPH in timely manner				
Team counsels the patient/family on the need for operative management, including potential need for hysterectomy				
Team considers transfer to other facility				

## TEAMWORK & COMMUNICATION REVIEW

<b>How Well Did the Team:</b>	<b>Unacceptable (1)</b>	<b>Poor (2)</b>	<b>Average (3)</b>	<b>Good (4)</b>	<b>Perfect (5)</b>
ORIENT NEW MEMBERS (SBAR) during the scenario as they arrived?					
Call for ADDITIONAL ASSISTANCE in a timely manner?					
Utilize CLOSED-LOOP COMMUNICATION?					
Maintain SITUATIONAL AWARENESS?					
Utilize PATIENT FRIENDLY LANGUAGE AND TONE?					

**Please rate the following:**

OVERALL TEAM COMMUNICATION during the simulation					
OVERALL TEAM PERFORMANCE during the simulation					

Additional notes/summarize and review any lessons learned:

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## TEAM REVIEW AND DEBRIEFING NOTES

Common medications for postpartum hemorrhage (including contraindications)

MEDICATION	DOSE	CONTRAINDICATIONS
Oxytocin	10-40 units per 500-1000mL as continuous infusion or 1M 10 units	Hypersensitivity to oxytocin (rare)
Methylergonovine (Methergine)	0.2mg 1M OR into myometrium Q2-4 hours	Hypertension, preeclampsia, asthma, Raynaud's syndrome
Prostaglandin F-2 alpha (Hemabate)	250 mcg 1M OR into myometrium Q 15 minutes (up to 8 doses)	Asthma, renal disorders, pulmonary hypertension
Misoprostol (Cytotec, PGE-1)	800 mcg-1,000 mcg perrectum xl dose	Known hypersensitivity to NSAIDs, active GI bleeding
Tranexamic acid (TXA)	1 gram IV over 10 minutes, 2nd dose can be given if continued bleeding w/in 24hrs	Subarachnoid hemorrhage, acute intravascular clotting, hypersensitivity to TXA

- Emphasize that treatment of the patient is directed by symptoms and vital signs and should not be delayed while waiting for laboratory values.
- Additional treatment options: i.e. intrauterine balloon tamponade/ uterine packing should be pursued if initial interventions failed.
- Review transfusion management and local massive transfusion protocols.
- If medical management is not successful, then operative management should be pursued.
- It is important to counsel and keep the patient and family informed during the hemorrhage.

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The Council on Patient Safety in Women's Health Care is a broad consortium of organizations across the spectrum of women's health for the promotion of safe health care for every woman.