Date	Time	MULTIDISCIPLINARY PROGRESS NOTES	Sig./Stamp/ ID

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وزارة الدفاع رئاسة هيئة الأركان العامة الإدارة العامة للخدمات الطبية Prog / Hosp / Center / Disp / Clnc

## MATERNAL HEMORRHAGE CLINICAL PATHWAY

Clinical	pathways	never repl	lace clinica	l judgment
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Department / Ward	:		D	Date:		
Consultant Name:		Number:	B	leep:		
FOR ALL LEVELS: 87	<b>FANDI</b>	NG ORDERS:				
ALI	action	items in YELLOW shall be done <b>IMMEDIATELY</b> by <b>SN/S</b>	M without MRP n	otificat	ion for levels 1 2, & 3	
ACTIVATE LEVEL 1	for:					
		BLOOD LOSS (EBL):				
_	`	AGINAL BIRTH) & continued bleeding				
_	`	ESAREAN SECTION) & continued bleeding		0.00		
<del></del>		Vital Signs <u>OR</u> □ [HR more than 110 BPM, BP less than 85 DING DURING RECOVERY OR POST-PARTUM	/45mmHg and SI	O2 959	o or belowj	
		PATHWAY ACTIVATED DATE:	at ·	hr By		
ORDERS/INITIALS		ACTION	TIME	INITIALS	1	
		RECORDER:			COMMINICATION	
		:_HR, Charge Nurse::_HR			:_HR	
Senior Resident:	_:HI	R Senior Registrar::HR 1st On-call Resident		Anesthe	esiologist::H	
		SEND STAT: Cross match 2 units PRBCs; (if not done you	et); Hr			
		☐ CBC/FBC ☐ Coagulation profile  Document and Announce (loudly): Vital signs, O2				
		saturation and LOC every 5 minutes		TRIGO	GER POINTS to GO T	
		Estimate/ Calculate/ Document, and Announce (loudly cumulative blood loss every 5 to 15 minutes	LEVEL 2.			
		Apply vigorous fundal massage	Hr			
		SECURE 2 Large Bore PIVs (if not done yet)	Hr			
		Insert Foley Catheter [Cath. Fr]	Hr			
		Start IV FLUID Resuscitation				
MRP/ CODE		1atml/hr	Hr			
		2atml/hr	Hr			
MRP/ CODE		Start IV infusion Oxytocin international unit (IU) in 500ml /hr	Hr		Initiate and titrate accord to hospital protocol for P	
	+	Administer Methergin 0.2mg or Syntometrine 500 mcg/	<u> </u>		NOT for hypertensive	
MRP/ CODE		international units IM per doctor's order but (maximum o	of Dose 1. ——111	1	cardiac patients MRP shall review HT	
	$\sqcup$	2 doses, as required with interval of 1 hour apart)	Dose 2:Hr		history and risks	
MRP/ CODE		Misoprostol 800mcg $\square$ SL or $\square$ PR	Hr			
		Administer oxygen to maintain O2 saturation more than 95% (see vital signs flow sheet)	O2 administered	i	O2LPM (See Notes for addition	
		Keep the patient warm/Apply upper body warming blank	etHr			
		Confirmed: No products of conception retained	☐ Manual ☐ Scan		Done By:	
		Confirmed: ☐ NO laceration or ☐ NO Hematoma	Hr		Done By:	
		IF CS: Confirmed: No uncontrolled bleeding, especially from broad ligament, posterior uterus or retained placent	Hr		Done By:	
ANNOUNCE & GO	to LEV	EL 2 IF:		_		
		1) VS UNSTABLE or 2) EBL > 1000 mls (Vaginal Birth) or > 1500 mls CS	To LEVEL 2 at		Hr <b>EBL:</b>	
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LEVEL 2 HEMORRI	HAGE	PATHWAY			
		Activate RRT	hr		
		NOTIFY blood bank - Confirm availability of MASSIVE HEMORRHAGE PACK	hr		Pack: 2 U thawed plasma and 4-6 UNITS PRBC, 4 UNITS FFP & 1 UNIT PLATELETS
		NOTIFY Obstetrics Consultanthr NOTIFY Operating theatre staffhr NOTIFY Head Nurse/ Clinical Directorhr			
		Confirm and continue all LEVEL 1 Actions until all completed (as applicable or per MD order)	hr		
MRP/CODE		Apply bi-manual uterine massage (Only Physicians to perform)	hr		
MRP/CODE		Anesthesiologist present: Dr	hr		
MRP/CODE		Move to operating theatre (if not already there)	hr		
		Ensure availability of 2 units of PRBC at bedside (secure O NEG if necessary)	activated at hr		
		SEND STAT: □ CBC/FBC □ Coagulation profile □ Chemistry Profile □ D-Dimer □ ABG	hr		
MRP/CODE		TRANSFUSE 2 UNITS of PRBC based on clinical signs and response (DO NOT WAIT FOT THE RESULT, consider emergency O NEG transfusion).  ENSURE USE OF RAPID TRANSFUSER AND BLOOD WARMER IF IN THEATRE	(1) hr (2) hr (3) hr		GO to LEVEL 3:  @ start 3 <sup>rd</sup> U PRBC
		Obtain portable light and OB procedure tray or hemorrhage cart	hr		
MRP/CODE		Confirm: NO suspicion of DIC.  SUSPICION of DIC Send repeat PT/PTT/INR & D-Dimer	hr		GO to LEVEL 3:  IF DIC SUSPECTED
		Assess and Announce (loudly) VS & Cumulative Blood Loss every 5-10minutes			
☐ Contin☐ Unsta☐ Suspe	Blood nued/ ble V cted	d LOSS more than 1500 (vaginal delivery &CS) /increased bleeding /S	To LEVEL 3 athr		Blood loss:ml
LEVEL 3 HEMORRH	AGE	PATHWAY			
ORDERS/INITAI	LS	ACTION	TIME	INITIA LS	COMMENTS
		Confirm and continue all LEVEL 1 & LEVEL 2 Actions until all completed (as applicable or per MD order)	hr		
MRP/ CODE		MRP must order massive hemorrhage pack (4-6 PRBC, 4 FFP and 1 platelets)	hr		Done by
		REPEAT: ☐ CBC/FBC, ☐ Coag. profile (+ D-Dimer) & ☐ Chemistry profile STAT every 30-60 min.	Senthr		enthr enthr

Apply sequential compression stockings to lower extremities

Supplemental material

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UTEROTONI	C AGENT	S FOR P	OSTPARTUM	HEMORRHAGE		
Drug	Dose	Route	Frequency	Side Effects	Contraindications	Storage
Pitocin (Oxytocin) 10 units/ml	10-40 units per 500- 1000ml, rate titrated to uterine tone	IV infusion	Continuous	Usually none Nausea, vomiting, hyponatremia ("water intoxication") with prolonged IV admin. BP and HR with high doses, especially IV push	Hypersensitivity to drug	Room Temp
Methergine (Methylergonivine) 0.2 mg/ml	0.2 mg	IM ONLY (not IV)	- every2-4 hours - if no response after first dose, it is unlikely that additional doses will be of benefit	Nausea, vomiting Severe hypertension, esp. if given IV, which is not recommended	Hypertension, Preeclampsia, Cardiovascular disease, Hypersensitivity to drug Caution if multiple doses of ephedrine have been uses, may exaggerated hypertensive response w/ possible cerebral haemorrhage	Refrigerated Protect from light
Carboprost Hemabate (15-methyl Prostaglandin F2lalpha) 250mcg/ml	250 mcg	IM or intra-myometri al (not IV)	- Every 15-90 min - Not to exceed 8 doses/24hrs - If no response after several doses, it is unlikely that additional doses will be of benefit	Nausea, vomiting, Diarrhea, Fever (transient), Headache, Chills, shivering, Hypertension, Bronchospasm	Caution in women with hepatic disease, asthma, hypertension, active cardiac or pulmonary disease Hypersensitivity to drug	Refrigerated
Cytotec (Misoprostol) 100 or 200 mcg tab- lets	600-1000 mcg	Sublingual or PR	One time	Nausea, vomiting, Diarrhea, Shivering, Fever (transient) headache	Rare Known allergy to prostaglandin Hypersensitivity to drug	Room Temp
Syntometrine (oxytocin/ ergometrine) 500mcg/5ui/ml	500mcg/5ui/ ml	IM	One time	Allergic reaction, difficulty breathing, low blood pressure, heart attack, an irregular or slow heartbeat	Should not be used in patients with allergy to one or any of its ingredients, severe kidney disorders, severe heart disorders and severe hypertension	For prolonged periods, store between 2° and 8°. Protec from light.
Carbetocin 100 mcg/ml PABAL	100mcg/ml	IM & IV	One time	Nausea, vomiting, abdominal pain, skin itching, trembling, dizziness, chills, tachycardia	Hypertension, cardiovascular disease, hypersensitivity to the drug	Refrigerated
Tranexamic Acid (TXA)	1 gram in 10ml (100mg/ml)	IV over 10 min (1ml per min)	Repeat dose after 30 min. if bleeding continues OR if bleeding re-starts within 24 hrs of 1st dose.	Anxiety, bloody/cloudy urine, changes in vision, chest pain	DO NOT INITIATE TXA more than 3 hrs after birth. Use in all cases of PPH, use within 3 hours and as early as possible after onset of PPH.	Room Temp
SIGNATURES:						
Name/ID #:			Signature:	D	ate:Time:	
Name/ID #:			Signature:	D	ate:Time:	
Name/ID #:			Signature:	D	ate:Time:	
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			Signature:	D	ate:Time:	
Name/ID #:						

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PATHWAY & CLINICAL SUMMARY	
Patient managed to Hemorrhage Level: Level 1 Level 2	Level 3
EBL=ml	
Patient transferred to: POST PARTUM UNIT HD ICU	vented Other:
Total Blood Products Infused: U Packed RBCS U Platelets U FFF	P U Thawed Plasma
SURGICAL & CLINICAL SUMMARY:	
3rd degree vaginal tear   4th degree vaginal tear   Vaginal pack(s) used:   Uterine pack(s)used:   Examination under Anesthesia   Intrauterine Balloon/ Balloon tamponade   Hemostatic brace suturing   Bilateral ligation/embolization of uterine arteries   Bilateral ligation of internal/iliac arteries   Hysterectomy   Bowel or Bladder damage intra-operatively   CLINICAL:   Seizures   Eclamptic Seizures   Epileptic Seizures   Stroke   Coma   Intracranial Hemorrhage   HELLP Syndrome   Pre-eclampsia   Uncontrolled blood pressure: (SBP> 160mm Hg or DBP> 100 mg   Non-responsive or loss of vision   Peri-partum Cardiomyopathy   Continuous IV infusions of Anti-Hypertensive medication: _ Cardiac Arrythmia requiring at least 1 dose of IV medication   Oliguria   Acute Tubular Necrosis   Creatinine > 2.0.   Sepsis   ARDS   Pulmonary Edema   Pulmonary Embolism   DVT   Pneumonia   Anesthesia Complication   Epidural Hematoma	
Staff Nurse/Midwife	Physician

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