Postpartum Hemorrhage Drill Checklist

Preventing Postpartum Hemorrhage: A Matter of Patient Safety Wisconsin Association for Perinatal Care

This checklist is designed to use with a regularly scheduled postpartum hemorrhage drill. Just as hospitals do fire drills and shoulder dystocia drills, all hospitals whose staff deliver babies need to do postpartum hemorrhage drills. The drill tests the ability of a system of people to respond to obstetric emergencies to keep patients safe. The drill is for

- physicians and nurse midwives
- nurses
- pharmacists
- laboratory and blood bank staff
- anesthesia and surgery staff
- radiology staff

Remember: Most deaths from postpartum hemorrhage occur due to *delay* in recognition and intervention.

Checklist

Checklist
Section I: The following items are either on the unit or readily available:
Antishock trousers
Blood warmers
Fibrin glue
Foley catheter (2)
Hemorrhage surgical kit (*see next page for a list of items in the kit)
IV solutions: Ringer's lactate or normal saline
IV equipment: other
Lab draw equipment
O negative blood
Oxygen
Oxytocin, carboprost, methylergonovine, and misoprostol
Pulse oximeter
Scale to weigh pads
Uterine packing material
Handouts from the WAPC Fall, 2003, Regional Forums on "Preventing Postpartum"
Hemorrhage: A Matter of Patient Safety"
Section II: The following are laminated and displayed in a common area that is readily
accessible to physicians, nurse midwives, nurses, and other staff who might need the
information:
WAPC "Algorithm for Postpartum Hemorrhage"
WAPC list of "Uterotonic Agents for Postpartum Hemorrhage"
Diagram of the B-Lynch compression suture technique

Section III: Contents of Hemorrhage Surgical Kit

*A Hemorrhage Surgical Kit that contains the following is available where deliveries take place:

Vaginal retractors (3)

- Heaney
- Briesky-Navratil

Packing

- 5-yard roll
- vaginal pack

Sponge forceps (4)

Eyed Needles

- straight
- curved

Sutures

- No. 1 or 2 chromic catgut
- No. 1 Vicryl

Diagrams

- B-Lynch compression sutures
- Vessel ligation

Balloon tamponade (optional)

- Sengstaken-Blakemore tube
- R sch urological balloon

Section IV: There is a process in place for
Urgent Chain of Command
Typing and screening or cross-match protocol
Stat laboratory tests
Anesthesia services
Obtaining pharmacy, laboratory, blood bank, radiology, and surgery service
evenings and nights, weekends, and holidays
Transfer/transport options

Section V: Telephone numbers are readily accessible for
Anesthesia
Radiology
Staff physicians
Staff midwives
Resource physicians, such as surgeon, GYN oncologist, interventional radiologist,
and others
Pharmacy (off hours)
Laboratory (off hours)
Blood bank (off hours)
Emergency Medical Services
Section VI: Recognizing heavier than normal bleeding
All staff members know that heavier than normal bleeding may be a gush of
blood; slow, steady trickle; several small clots; or one large clot. They know to pay attention and think ahead when they notice the first episode.

G:\Postpartum Hemorrhage\Hemorrhage drill\The Postpartum Hemorrhage Drill Checklist.doc