COUNCIL ON PATIENT SAFETY IN WOMEN'S HEALTH CARE
safe health care for every woman

PRACTICING FOR PATIENTS

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)

_____

_____

_____

RESPONSE

ASSESSMENT/ACTION	EVALUATION				
	Done	Not Done	Improvement Opportunity	N/A for Scenario	Notes
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					

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TEAMWORK & COMMUNICATION REVIEW

How Well Did the Team:	Very Well (5)	Well (4)	Adequately (3)	Poorly (2)	Very Poorly (1)	Did Not Do (0)
Orient new members (SBAR) to the scenario as they arrived?						
Call for additional assistance in a timely manner?						
Use call-outs to communicate important information to the entire team?						
Utilize closed-loop communication (check-backs)?						
Maintain situational awareness?						
Provide mutual support and task-assistance to other team members?						
Explain the situation to the patient using 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)	600 mcg – 1,000 mcg oral, per rectum -or- sublingual x 1 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, hypersensitivty 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.

Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The Council on Patient Safety in Women's Health Care disseminates patient safety tools to help facilitate the standardization process. This tool reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular tool may be adapted to local resources, standardization within an institution is strongly encouraged.

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.

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