



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

OB Hemorrhage Protocol

All OB patients should be assessed for Post-Partum Hemorrhage Risk upon admission and immediately after delivery

STAGE 1: Blood loss > 1,000 after delivery with normal vital signs. Vaginal delivery 500-999 ml should be treated as in stage 1

- Vital Signs and vigorous fundal massage every 5-10 min
- Quantative blood loss measurements
- I&O
- Notify Physician
- Maintain IV of 16 or 18 gauge
- Initiate or Increase IV fluids ☐ NS ☐ D5LR to _____ ml/hr
- Increase Oxytocin 30 units/500 ml NS to bolus per physician direction until uterine tone firm
- Type & Cross 2 units RBCs if not already done
- Insert indwelling urinary catheter
- ☐ Cytotec 800 mcg rectally
- ☐ Cytotec 600 mcg Po
- ☐ Cytotec 800 mcg SL
- ☐ Methergine 0.2mg IM if not hypertensive (May repeat every 2-4 hours if needed)
- ☐ Hemabate 250 mcg IM – may repeat Hemabate every 15 minutes for maximum of 8 doses (if no history of asthma; use with caution with hypertension)

STAGE 2: Blood loss up to 1500 ml or greater than or equal to 2 uterotonics with normal vital signs and lab values.

- Continue with vital signs, fundal massage, and quantitative measurement of blood loss
- Continue Stage 1 medications
- Trendelenburg position
- Continuous oxygen saturation monitor
- O2 per mask to maintain Sat > 95%
- ☐ Begin 2nd IV (18 gauge or larger)
- ☐ CBC, PT, INR, PTT, Fibrinogen STAT
- ☐ Transfuse 2 units RBCs per clinical signs/symptoms
- ☐ Thaw 2 units FFP
- ☐ SCD hose
- ☐ Tranexamine Acid (TXA) 1 gram IV over 10 minutes (add 1 gram vial to 100 ml NS). May be repeated once after 30 minutes

MD Signature: _____ **Date & Time:** _____

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DO NOT USE: U IU QD QOD MS MSO4 MgSO4



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STAGE 3: Continued bleeding with EBL > 1500 ml or 2 units RBCs given or patient at risk for occult bleeding/coagulopathy or any patient with abnormal vital signs, labs, oliguria

- Activate Mass Transfusion Protocol for OB (if clinical coagulopathy: add Cryoprecipitate)
- Continue vital signs, fundal massage, O2 Sat, I&O, and quantitative measures
- Continue Stage 1 medications
- Move patient to OR

STAGE 4: Cardiovascular Collapse (Massive Hemorrhage, profound hypovolemic shock, or amniotic fluid embolism)

- Simultaneous aggressive massive transfusion

MD Signature: _____ **Date & Time:** _____

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Revised and approved by P&T and OB/GYN Committee: 12/9/2021 Page 2 of 2