Date/Time	Documentation	of concer	ns, deviations & oth	ner information
	55115		. 61	• •
	PPH Post	-ever	nt Checki	IST
_	ut completed?		Yes / No / NA (Patien	nt did not require care in theatre)
Have all dru	gs been prescribed and signed for?		Yes / No / NA	
	Re-bleed Risk Assessment			
	infusion running or required?		Yes / No	Time expected to finish:
Vaginal pack Bakri Balloo			Yes / No Yes / No	Planned removal time: Planned removal time:
Can NSAID b			Yes / No / Not yet	riamieu removai time
	ophylaxis plan:	LMWH	Yes / No	Time of first dose::
		TEDS	Yes / No	
	Monitoring Requirements		Lovel 1 Love	ol 2 wow
•	t-event care required (circle applicable) ods (FBC/Coag/U&E) to be taken at		Level 1 Lev <i>Time</i> ::	el 2 (HDU) Level 3 (ICU) Plan to transfuse if Hb <
	itoring required?		Yes / No	Frequency of monitoring
Urine outpu	t monitoring required?		Yes / No	Frequency of monitoring
MOH stand	down		Yes / No / NA	
	products to return to blood bank?		Yes / No / NA	
If the MOH	protocol was activated before stage 3 \emph{o}	r not activate	ed at stage 3 then pleas	e detail reason(s) why:
	x form need completing?		Yes / No	
If yes reco	ord: form number			
	orm number responsible for completing Datix form			
	se need highlighting to OBS Cymru Cha		Yes / No (triggers includ	e MBL ≥1000ml, ROTEM performed, blood products given)
				e moe Ezooom, norem perjormea, aloud products given)
	nt been discussed with the patient?	+3	Yes / No	
	information been provided to the patienal team debrief need to take place?	ent?	Yes / No Yes / No	
Comple	eted by:	_ (Please print)	Date: Time	e:: Location



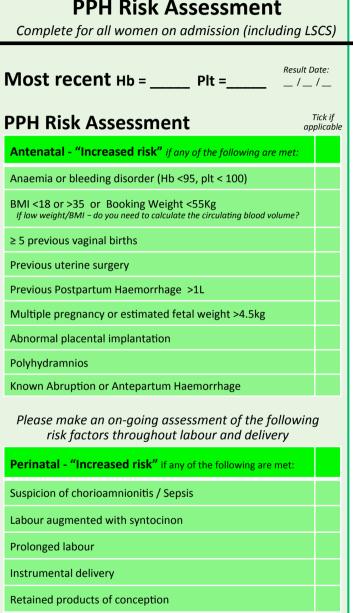
Postpartum Haemorrhage Management Checklist

Designed to be used in maternity settings. This is not a comprehensive guideline but a checklist to facilitate an appropriately escalating multidisciplinary team approach to postpartum haemorrhage and as an aid to documentation.

Patient addressograph

Stage 0

PPH Risk Assessment



Plan to measure & record all blood loss

(for pool deliveries estimation may be required)

Act

If woman at increased risk is:

She suitable for EI blood *or* 2 units Xmatch? Yes / No IV access required? (at least 16 Gauge) Yes / No

Treat

Planned an active 3rd stage management? Yes / No

Completed by: (Please print) Time: __:_ Location _

OBSCYMRU

Stage 1

>500ml ongoing blood loss

SVD & Instrumental deliveries

Get Help			Time	Initial	
Notify midwife in charge					
Name: time arrive					:
Request HCA to assist with	urement				
Other staff present	Designation	-	Time Trived	Initial	
Act		Performed by		Time	Initial
Measure Blood Loss (cumulative measurement)					
Record observations on MEOWS every 10 min					
IV access at least 16 Gauge					

What is the cause of bleeding?

Tone, Trauma, Tissue, Thrombin

Treat	Performed by	Time	Initial
Uterine massage			
Give uterotonics (record on over page & prescribe)			
Inspect genital tract			
Empty bladder			
Check placenta & membranes			
Bimanual compression			

If bleeding stopped:

- Please record	VIBL nere		mı
Completed by: _			(Please print)
Date:	Time::	Location_	

	Progress to here	from stage 1	1 if SVD / instrume	ntal delive	ry. Re-start here	after stage 0 if L	SCS	
Obstetrician	Name:		: time::	Name:		Designation: Designation:	time::_	
Anaesthetist HCA	Name: Name:			Name:		Designation:	time::_	
Act						Performed by	Time	Initial
Measure & re	ecord cumulative bl	lood loss						
Record obser	rvations on MEOWS	every 10 min						
2 nd IV access	(at least 16 Gauge) & fl	uid bolus						
Take bloods	Point of care tests - Lab test - FBC, Coag		us lactate, venous Hb					
	, ,		Test Results		Initia	al ROTEM Test Re	sults	
Time:	Hb =		Lactate =		FIBTEM A5 = (Aim ≥ 12mm)	EXTEM ((Aim < 75 sec		
Poviow c	2211000		/ - / -:	/=: I:				
review c	causes (circle all id	dentified) I On		/ Thrombin		Perform	ned by amil	
Treat		Perform	Time Initial	Empty bla	ıdder			
Review uterot	onics (record on page 3)			Foley cat	heter inserted			
Give tranexam	nic acid (1g IV, if no Cl's)			Inspect ge	Inspect genital tract			
Bimanual com	pression			Repair genital tract				
Consider ranit	idine			Check pla	centa & membran	es		
	g stopped ens							
Сог	g stopped ens mpleted by: ng ongoing t		(Please print)	Date:		Location	ime arrived:	<i>:</i>
Coi	mpleted by:	transfer	(Please print)	Date:	Time::_	Locationti		
If bleeding	mpleted by:	transfer	(Please print)	Date:	Time::_	Locationti	concer	
Stag Act	ng ongoing t	transfer 00mL l	patient to th	Date:	Time::_	tocationti		
Stag Act	ng ongoing t e 3 >150	transfer 00mL l	patient to th	Date:	Time::_	tocationti	concer	
Stag Stag Act Communicate	ng ongoing t e 3 >150	transfer OomL l blood loss to	patient to th	Date:	Time::_	tocationti	concer	
Stage Stage Act Communicate Activate MOH Inform Obste	ng ongoing to a sured a protocol	transfer OOML blood loss to c consultants ducts as per N	(Please print) patient to the print of the	pate:	Time::_	tocationti	concer	
Stage Act Communicate Activate MOH Inform Obster Order blood a - Do you need	ng ongoing to a street measured the protocol tric and Anaesthetic and coagulation pro	blood loss to	(Please print) patient to the properties of the	neatre s OR	ongoing	tocationti	concer	
Stage Act Communicate Activate MOH Inform Obster Order blood a - Do you need	ng ongoing to a protocol to discuss the case we may be case we have a constant of the case we have and coagulation protocol to discuss the case we have a coagulation and coagulation protocol to discuss the case we have a coagulation and coagulation protocol to discuss the case we have a coagulation and coagulation and coagulation are case we have a coagulation are case we can also a coagulation are case we can accompany and case are case which are case we can accompany and case and case are case and case and case are case are case and case are case and case are case are case are case and case are case are case are case and case are case and case are case	blood loss to	(Please print) patient to the properties of the	neatre s OR	ongoing	tocationti	concer	
Stage Act Communicate Activate MOH Inform Obster Order blood a - Do you need Review of	ng ongoing to a protocol to discuss the case we may be case we have a constant of the case we have and coagulation protocol to discuss the case we have a coagulation and coagulation protocol to discuss the case we have a coagulation and coagulation protocol to discuss the case we have a coagulation and coagulation and coagulation are case we have a coagulation are case we can also a coagulation are case we can accompany and case are case which are case we can accompany and case and case are case and case and case are case are case and case are case and case are case are case are case and case are case are case are case and case are case and case are case	transfer OOML blood loss to c consultants ducts as per Novith a haematol dentified) Tor	(Please print) patient to the properties of the	neatre s OR	ongoing	ti clinical o	concern	
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Record of Uterotonics used Please record all uterotonics used here and prescribe on medication or anaesthetic chart							
Drug	Dose	(please circle route)	Time	Drug	Dose	Time	
Oxytocin Other	10 units IM	1 <i>or</i> 5 units IV		Carboprost (caution in asthma)	250microg IM (repeat up to every 15min)		
				Carboprost	250microg IM		
Ergometrine (caution in HTN/PET)	500 microg	g IV or IM		Carboprost	250microg IM		
Syntometrine	E00 micros	g/5 units IM or IV		Carboprost	250microg IM		
(caution in HTN/PET)	500 IIIICI OE	g/5 utilits livi of tv		Carboprost	250microg IM		
Oxytocin INF	40 units ov	er 4hr IV		Carboprost	250microg IM		
Other				Carboprost	250microg IM		
Misoprostol				Carboprost	250microg IM		
Misoprostol				Other			

Blood & Blood products transfused					
Time	Product given	Time	Product given		

Measured cumulative blood loss				
Time	Blood Loss (ml)	Running Total (ml)		
Total M	easured Blood	Loss =ml		

Record of further blood test results (Please do not duplicate records of blood results recorded in stage 2)						
	Further VBG	Test Results	Further ROTEN	1 Test Results		
Time Taken	Hb	Lactate	FBTEM A5 (Aim ≥ 12mm)	EXTEM CT (Aim < 75 sec)		

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