L&D: Obstetrical Hemorrhage - Vascular Emergency

To define a stepped response to obstetrical vascular emergencies.

- 1. An Obstetrical Vascular Emergency is defined as a potentially life-threatening event such as postpartum hemorrhage not responding to chemical and mechanical interventions, or uterine rupture etc.
- 2. A defined stepped process for response is necessary to facilitate improved patient outcomes.
- 3. At the first sign of an impending vascular emergency the nurse will immediately call the in-house on-call provider to the patient bedside.
- 4. Emergency chemical agents and mechanical interventions will be instituted as appropriate. Chemical agents may include administration of oxytocin, methergine, hemabate or misoprostal according to provider orders. Mechanical interventions include fundal massage, packing and Bakri tamponade ballon.
- 5. Postpartum hemorrhage medication kits are available in the medication pyxis.
- 6. If above interventions are unsuccessful the primary nurse will activate the "Code" alarm of the Nurse's Call System. Immediate Unit Personnel responding will include the Charge Nurse and all L&D and Mother-Baby staff who are not actively involved with emergency care delivery.
- 7. The Charge Nurse will assume responsibility for telephone notification of appropriate personnel not in immediate attendance to include on-call physician, anesthesia and nursing supervisor.
- 8. Anesthesia or other available personnel will establish a second IV access for patient.
- 9. If physician/CNM is present he/she will assume Team Leader role, Primary and other clinical nursing staff will provide emergency care measures as ordered; if physician/CNM is not present, primary nurse will assume Team Leader role, directing emergency care measures until the arrival of the physician or CNM.
- 10. As indicated, refer to the <u>http://home.anthc.org/anmc/ancillary/lab/upload/Massive-Blood-</u> <u>Transfusion-Policy.pdf</u>
- 11. Utilize the Code system as appropriate.

Reference:

1. Massive Blood Transfusion Protocol, Trauma Clinical Core Business Group, ANMC

Reviewed: June 2012