

## 5.06 POSTPARTUM HEMORRHAGE - PUBLIC COMMENT APRIL 2024

### BLS – FAQ Link

**DRAFT  
VERSION**

Assess **Vital Signs**, ABC's and responsiveness, If hypoxic, **Oxygen** PRN with goal of 94-98%

- Note amount of external bleeding
- Reassess blood loss and VS every 3-5 min.
- If perineum is torn or bleeding, apply direct pressure with dressing
- If heavy vaginal bleeding, firmly rub abdomen below navel with flat hand x 15 seconds PRN (uterine massage)

### ALS

IV/IO of **Normal Saline** TKO.

IV/IO of **Normal Saline** bolus if SBP < 90.  
 Repeat **Normal Saline** bolus of 500mL until SBP > 90 mm Hg and improvement of perfusion.

Reassess blood loss every 3-5 min.

Improvement of perfusion?

No

Second IV with **Normal Saline** bolus if no improvement.

Begin pressure infusions with both IVs. Continue infusions as long as hemorrhage persists.

Additional boluses PRN.



Report any incident of suspected domestic violence to emergency department staff

#### Comments

- Post-partum hemorrhage is defined by signs of poor perfusion/shock or estimated blood loss > 1000mL. Consider etiologies of hemorrhages: Tone (70%, perform uterine massage), Tissue (retained products of conception), Trauma, Thrombin.
- **Contact Base Hospital** with questions about continuing treatments initiated at home or at birth centers by licensed midwives or other licensed professionals.
- If placenta available, bring in biohazard bag to hospital.

Effective: xxxxxx  
Supersedes: NEW

## 5.06 Postpartum Hemorrhage – Public Comment April 2024

BLS Treatment
<ul style="list-style-type: none"><li>• Note amount of external bleeding</li><li>• Reassess blood loss and VS every 3-5 min.</li><li>• If hypoxic, <b>Oxygen</b> PRN with goal of 94-98%</li><li>• If perineum is torn or bleeding, apply direct pressure with dressing</li><li>• If placenta available, bring in biohazard bag to hospital</li><li>• If heavy vaginal bleeding, firmly rub abdomen below navel with flat hand x 15 seconds PRN (uterine massage)</li></ul>
ALS Treatment
<ul style="list-style-type: none"><li>• IV/IO of <b>Normal Saline</b> TKO.</li><li>• IV / IO of <b>Normal Saline</b> bolus if SBP &lt; 90. Repeat <b>Normal Saline</b> bolus of 500 mL until SBP &gt; 90 mm Hg and improvement of perfusion.</li><li>• Second IV with <b>Normal Saline</b> bolus if no improvement. Begin pressure infusions with both IVs. Continue infusions as long as hemorrhage persists. Additional boluses PRN.</li></ul>
Comments
<ul style="list-style-type: none"><li>• Post-partum hemorrhage is defined by signs of poor perfusion/shock or estimated blood loss &gt;1000 mL. Consider etiologies of hemorrhages: Tone (70%, perform uterine massage), Tissue (retained products of conception), Trauma, Thrombin</li><li>• Contact Base Hospital with questions about continuing treatments initiated at home or at birth centers by licensed midwives or other licensed professionals.</li></ul>