5.06 POSTPARTUM HEMORRHAGE - EMSAC APRIL 2024

BLS - FAQ Link

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

VERSION

- Note amount of external bleeding
- Reassess blood loss and VS vital signs 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)

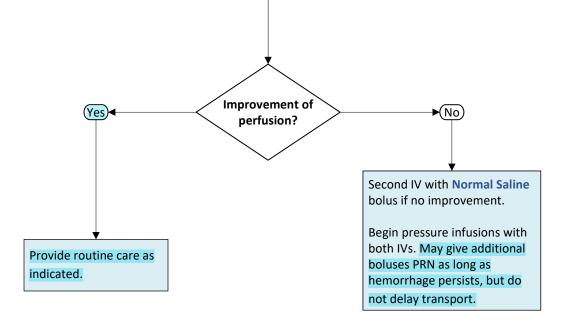
ALS

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.





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:

 Uterine Tone (70%,most common 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 – EMSAC April 2024

BLS Treatment

- Note amount of external bleeding
- Reassess blood loss and VS vital signs every 3-5 min.
- If hypoxic, **Oxygen** PRN with goal of 94-98%
- If perineum is torn or bleeding, apply direct pressure with dressing
- If placenta available, bring in biohazard bag to hospital
- If heavy vaginal bleeding, firmly rub abdomen below navel with flat hand x 15 seconds PRN (uterine massage)

ALS Treatment

- IV/IO of Normal Saline TKO.
- IV / IO of Normal Saline bolus if SBP < 90. Repeat Normal Saline bolus of 500 mL until SBP > 90 mm Hg and improvement of perfusion.
- Second IV with Normal Saline bolus if no improvement. Begin pressure infusions with both
 IVs. Continue infusions May give additional boluses PRN as long as hemorrhage persists, but
 do not delay transport. Additional boluses PRN.

Comments

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 >1000 mL. Consider etiologies of hemorrhages: Uterine Tone (70% most common, 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.