

## Appendix FF: Obstetric Hemorrhage Sample Order Set Staged

Note: This is a SAMPLE developed for a particular facility as an example to work from. You may need to adjust based on the individual circumstances of your facility.

### POSTPARTUM HEMORRHAGE ORDER-SET (Procedure #0000)

Boxes must be checked to activate optional orders.

#### Medications:

- Oxytocin in saline (PITOCIN)** 30 units/500 mL (60 milli-units/mL) infusion  
0-999 milli-units/min (0-999 mL/hr), at 0-999 mL/hr, Intravenous, TITRATED
- Oxytocin (PITOCIN)** injection 10 units IM
- Methylergonovine (Methergine)** injection 0.2 mg, Intramuscular, PRN, Bleeding, if BP < 140/90, may repeat x 1. May give only after delivery. **Consult provider if patient is hypertensive.**
- Carboprost (Hemabate)** injection 250 mcg, Intramuscular, EVERY 15 MIN PRN, Post-partum hemorrhage, may give only after delivery. May repeat every 15-90 minutes. Not to exceed 3 doses. **Do not give if history of asthma.**  
*Give 4 mg of loperamide with first dose of carboprost.*
  - Loperamide (IMODIUM)** capsule 2-4 mg, Oral, PRN, Diarrhea  
May give only after delivery. Give 4mg with 1st dose of carboprost (HEMABATE), then 2 mg PRN after each loose stool up to a maximum of 16 mg/day (do not give stool softeners or laxatives until diarrhea is resolved).
- Misoprostol (Cytotec)** 800 mcg (four 200 mcg tablets) sublingual x 1 dose. **Only if hypertensive and asthmatic**

#### Stage 1

##### 1. Nursing Orders:

Activate the OB Hemorrhage Protocol  
Notify OB Provider, Anesthesia Provider, and Charge Nurse  
Vital signs, including SpO<sub>2</sub>, level of consciousness every 5 minutes  
Administer oxygen to maintain SpO<sub>2</sub> greater than 95%  
Weight materials, calculate and record cumulative blood loss every 5-15 minutes  
Establish IV access if not present- minimum 18 gauge  
Increase oxytocin administration rate  
Administer 1<sup>st</sup> level uterotonic  
Apply vigorous fundal massage  
Empty bladder straight cath or place indwelling urinary catheter

##### 2. Stat Labs:

- Type and Screen STAT, if not previously done

##### 3. Blood Bank:

- Cross match \_\_\_ units PRBC (Packed Red Blood Cells) STAT if not already done

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## Stage 2

### 1. Nursing Orders:

- Activate OB Rapid Response Team (or equivalent)
- Assess and announce vital signs and cumulative blood loss every 5-10 minutes
- Administer oxygen to maintain SpO<sub>2</sub> greater than 95%
- Weight materials, calculate and record cumulative blood loss every 5-15 minutes
- Administer 2nd level uterotonic
- Move to Operating Room
- Establish second large bore IV – minimum 18 gauge
- Administer TXA
- Set up blood administration set and blood warmer for transfusion
- Prepare intrauterine device
- Transfuse red blood cells as ordered

### 2. Labs:

- Type and Screen STAT if not previously done
- CBC no differential, STAT
- Protome INR, STAT
- PTT, STAT
- Fibrinogen, STAT
- Calcium, Ionized, STAT
- Basic Metabolic panel STAT
- ABGs

## Stage 3

### 1. Nursing Orders:

- Activate Massive Hemorrhage Protocol
- Notify Blood Bank of “Massive Hemorrhage Protocol”
- Ensure that all clinicians from Stage 2 are notified plus advanced GYN surgeons
- Run IVs through fluid warmer
- Apply upper body warming blanket
- Apply sequential compression stockings to lower extremities
- Transfuse MTP Product as directed by the ordering Provider

### 2. Labs:

- Type and Screen STAT if not previously done
- CBC no Differential STAT
- Protome INR STAT
- Fibrinogen
- Calcium, Ionized Calcium STAT
- Basic Metabolic Panel STAT
- ABGs
- Hourly Labs x 4

### 3. Blood Bank:

- Massive Transfusion Protocol (6R: 4F: 1P)
- Red Blood Cells - Prepare STAT, ONE TIME, Total Number of Units: 6
- Fresh Frozen Plasma - Prepare Total Number of Units: 4
- Platelets - Prepare Total Number of Units: 1