

Required form for every PPH. Please fill out both sides. Nurse Manager/Designee will perform an audit on all PPH cases

**OB Risk Assessment**
☐ Documented on admission/ongoing

 Risk at delivery : ☐low ☐mod ☐high

☐ If high risk T&C done

☐ IV access if no why:

**Medications**
☐ Pitocin 30 units

☐ Pitocin 60 units

☐ Pitocin \_\_\_\_ units

☐ Methergine \_\_\_\_ doses

☐ Hemabate \_\_\_\_ doses

☐Cytotec

**Procedures**
☐ intrauterine tamponade balloon (Bakari)

☐ B-Lynch

☐ D&C

☐ Hysterectomy un-planned

☐ C-Hysterectomy planned

**Other**

 Transfusion: ☐yes ☐no

 Extended stay on L&D (>2 hours): ☐yes \_\_\_\_ hours

 Pt transferred to L&D from PP ☐yes ☐no

 Transfer to ICU: ☐yes ☐no

**Perfect Care**

1. Risk Stratification (see above)

 2. Active Management of the 3<sup>rd</sup> Stage of Labor ☐yes ☐no

 3. OB Rapid Response called ☐yes ☐no

 4. Hemorrhage/Massive Hemorrhage Careset initiated ☐yes ☐no

 5. Blood loss quantified ( $\geq 2$  values) ☐yes ☐no

 6. Provider documentation of PPH in: ☐ Delivery Record ☐ OB PPH Pownote

 7. Debriefing form completed and put in Nurse Educator's mailbox  
☐yes ☐no

**1. What went well?**

- ☐ Delivery
- ☐ Mom/baby outcome
- ☐ Communication
- ☐ Anesthesia/pain management
- ☐ Patient satisfaction
- ☐ Other (please comment)

**2. What was missing (or didn't go well)?**

- ☐ Supplies/equipment
- ☐ Staffing
- ☐ Medication
- Communication:
  - ☐ SBAR (orienting team members to the situation)
  - ☐ Transparent thinking (thinking out loud)
  - ☐ Closed loop communication
- ☐ other (please comment)

**3. What do we need to put in place/change before next delivery/pt. arrival?**

What action needs to occur now: \_\_\_\_\_

Task was delegated to: \_\_\_\_\_

Other (please comment)

**Team Members:** *(minimal requirement signature of RN and OB Provider who participated in the debriefing session)*

Delivery Provider \_\_\_\_\_ OB Attending \_\_\_\_\_ Anesthesiologist \_\_\_\_\_

**Postpartum Hemorrhage Team Debriefing**

**pt name:**

**MRN:**

**date:**

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OB Resident (other) \_\_\_\_\_ Nurse \_\_\_\_\_ CN \_\_\_\_\_