

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 Powernote

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 \_\_\_\_\_