

HAVE YOU QBL'D TODAY?



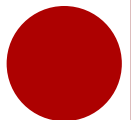
WHY?

- Measuring blood loss as accurately as possible is *essential* to identifying and responding to hemorrhage
 - Significant volumes of blood loss are consistently underestimated
 - QBL increases our knowledge of blood loss and is more accurate than estimated blood loss (EBL)
- Blood loss should be measured using formal methods:
 - Graduated containers
 - Visual comparison tools
 - Weight of blood soaked items



CMQCC Obstetric Hemorrhage Toolkit (2015)

DENIAL leads to DELAY



WHAT?

- Quantification of blood loss (QBL) is the method of determining your cumulative blood loss:

$$\begin{aligned} &\text{blood loss at delivery} \\ &+ \\ &\text{blood loss during recovery} \\ &= \\ &\text{cumulative blood loss} \end{aligned}$$

- The goal is NOT a “perfect, precise” number
 - Inaccuracies will persist (amniotic fluid contamination, urine, blood clots/other mixed with fluid in the drapes and suction canisters)



WHO?

The switch from EBL to QBL will be an adjustment for many staff and will take **TEAMWORK !!**

OB Providers

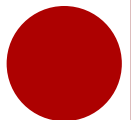
Anesthesia

RNs

CSTs



Teamwork
Work performed
combined effort
organized cooperation
working together or
to achieve better res



WHEN?

The ultimate goal is QBL for every delivery!

Why every delivery?

If it's not standard for all deliveries, then we don't know
how to do it when we need it

and

we don't recognize WHEN we need it until late in the
game...



QBL IN THE OR

Measured

- 1 mL measured = 1 mL blood loss



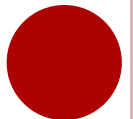
Weighted

- 1 gm weighed = 1 mL blood loss



Quantified

- Total measured + total weighed = QBL



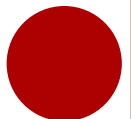
How?

1

THREE-STEP QUANTIFICATION OF BLOOD LOSS IN A SCHEDULED C-SECTION:

○ Step One: Suctioned Blood

- Between delivery of infant and placenta:
 - CST/OB suction drapes of amniotic fluid
 - Anesthesia will call out the “baseline” volume (pre-placenta volume)
 - Circulator records “baseline” volume on QBL calculator sheet
- After delivery of the placenta all volume is now considered “blood loss” (post-placenta volume) until irrigation begins:
 - CST will call out *before* irrigation begins
 - Anesthesia will announce “total volume” before irrigation
 - After irrigation complete, circulator will subtract baseline volume and irrigation volume from “total volume” to determine “blood loss volume” on QBL calculator sheet



How?

2

THREE-STEP QUANTIFICATION OF BLOOD LOSS IN A SCHEDULED C-SECTION:

○ **Step Two: Lap Sponges**

- During case, bloody lap sponges will be passed off sterile table by CST
- Circulator places in hanging lap holders (5 sponges/sleeve)
- Circulator weighs bloody lap sponges and lap holder *all* together near end of case (sponges left in lap holder)
- Number of sponges weighed, number of lap holders weighed, and total weight are recorded on QBL calculator spreadsheet (i.e. you weighed 20 lap sponges in 4 lap holders/sleeves, and the total weight of all of this is converted from kilograms to grams before it is recorded on calculator sheet)



How?

3

THREE-STEP QUANTIFICATION OF BLOOD LOSS IN A SCHEDULED C-SECTION:

- **Step Three: Conclusion of the OR Case**

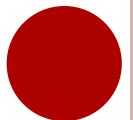
Total volume of blood loss from Step One
(measured)

+

Total weight of blood loss from Step Two
(weighed)

=

QBL in the OR



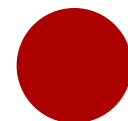
RECOVERY

- Primary RN will continue to weigh bloody items throughout recovery of C-section patient and document totals on back side of the QBL calculator sheet
- Total recovery quantitative blood loss will be added to QBL from the OR:

$$\begin{array}{r} \text{QBL in the OR} \\ + \\ \text{total blood loss in recovery} \\ = \\ \text{Cumulative blood loss} \end{array}$$

(Remember: 1 gm = 1 mL blood loss)

QBL is documented as milliliters



VAGINAL QBL

Measured

- 1 mL measured = 1 mL blood loss



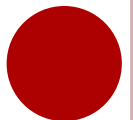
Weighed

- 1 gm weighed = 1 mL blood loss




Quantified

- Total measured + total weighed = QBL




QBL FOR VAGINAL DELIVERY: HOW?

After delivery of infant (prior to delivery of placenta), ask the OB provider for the baseline volume (amniotic fluid, urine, etc.)



At the end of the delivery procedure, ask the OB provider for the total volume. You will then subtract the baseline volume from the total volume to obtain your measured QBL



Weigh bloody items and subtract the dry weights = weighed QBL.

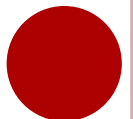
measured + weighed = Vaginal QBL

BASELINE VOLUME



- May include urine, feces, and amniotic fluid
- Document volume in drape, prior to delivery of the placenta, on the QBL sheet
- At the end of the delivery procedure, the baseline volume will be subtracted from total volume in the drape.

Example: Baseline Volume =250mL

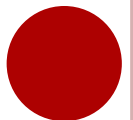


TOTAL VOLUME



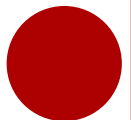
- Document volume in drape, following delivery of placenta and repair (if needed), on the QBL sheet
- At the end of the delivery procedure, you will subtract your *baseline* volume from the *total* volume to obtain your **measured** QBL.

Example: 750 mL - 250 mL = 500 mL **measured** QBL



WEIGHED BLOODY ITEMS

- Weigh bloody items on scale
- Subtract dry weights using QBL sheet
- Remember 1 gram = 1 mL



Total measured volume
of blood loss

+

Total weighed volume
of blood loss

=

Vaginal QBL

