

OBSTETRIC HEMORRHAGE TEAM DE-BRIEFING FORM

Team Members: _____

Date and Time of PPH: _____ Diagnosed cause of PPH: _____

Place patient sticker here

Goal: De-brief completed in 100% of all obstetric hemorrhages that progress to Stage 2. All debriefs to have at least RN and MD who participate in debriefing session with the goal of all participants (anesthesia and other responding health care providers). Complete ASAP, within 24 hours. Give to CNS/Manager.

OB Risk Assessment	Medications	Blood Volume/Options
<input type="checkbox"/> Documented on Admission <input type="checkbox"/> Documented within last 12 hours <input type="checkbox"/> Risk Assessment on Admission (circle one) o Low Medium High <input type="checkbox"/> Toolkit binder at bedside <input type="checkbox"/> PPH cart at bedside <input type="checkbox"/> PPH medication kit & pit at bedside <input type="checkbox"/> 18-gauge IV access <input type="checkbox"/> Current T & S on file <input type="checkbox"/> Type and cross 2 units PRBC on hold in BB <input type="checkbox"/> Consent for transfusion before PPH <input type="checkbox"/> OB anesthesia notified <input type="checkbox"/> Starting Hgb: Hct: <input type="checkbox"/> Last risk assessment (circle one) o Low Medium High <input type="checkbox"/> Risk Factors:	<input type="checkbox"/> Methergine 0.2 mg IM X <input type="checkbox"/> Hemabate 250mcg IN X ____ <input type="checkbox"/> Cytotec (misoprostol) mcg Circle one o Vaginally o Rectally o Sublingual <input type="checkbox"/> Oxytocin ____ Units IV or IM <input type="checkbox"/> TXA	<input type="checkbox"/> Pressure bag <input type="checkbox"/> Invasive hemodynamic monitoring <input type="checkbox"/> Blood warmer <input type="checkbox"/> Rapid fluid infuser (level 1 machine) <input type="checkbox"/> Factor Vliia o Cumulative blood loss: ____ mis Method of blood loss measurement <input type="checkbox"/> Formal measure by weight (QBL) <input type="checkbox"/> Formal measure by volume collection (QBL) <input type="checkbox"/> Visually estimated only (EBL) Blood products transfused <input type="checkbox"/> Units of PRBC ____ <input type="checkbox"/> Units of FFP ____ <input type="checkbox"/> Units of Platelets ____ <input type="checkbox"/> Units of Crye ____ <input type="checkbox"/> MBTP initiated & time of initiation ____
<i>Thinking about how the obstetric hemorrhage was managed</i>		
Identify what went well	Identify opportunities for improvement "human factors"	Identify opportunities for improvement "non-human factors"
<input type="checkbox"/> Communication went well <input type="checkbox"/> Teamwork went well <input type="checkbox"/> Leadership went well <input type="checkbox"/> Decision-making went well <input type="checkbox"/> Recognition to response went well <input type="checkbox"/> Roles of responding personnel went well <input type="checkbox"/> Toolkit/PPH cart/Med kit utilized <input type="checkbox"/> Other Briefly describe:	<input type="checkbox"/> Communication needed improvement <input type="checkbox"/> Teamwork needed improvement <input type="checkbox"/> Leadership needed improvement <input type="checkbox"/> Decision-making needed improvement <input type="checkbox"/> Recognition to response needed improvement <input type="checkbox"/> Other: Briefly describe:	<input type="checkbox"/> Delay in blood products availability <input type="checkbox"/> Equipment issues <input type="checkbox"/> Medication issues <input type="checkbox"/> Inadequate support (in-unit or other areas) <input type="checkbox"/> Delay in transport of patient <input type="checkbox"/> Other: Briefly describe: