



HCA Florida

**UCF Lake Nona
Hospital**

Obstetric Hemorrhage Initiative

Dr. Benitez

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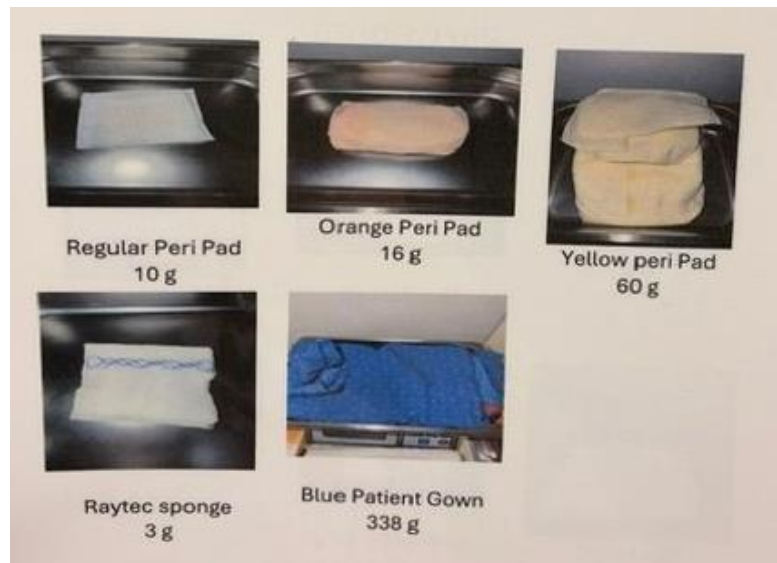
Auditing Tool

Obstetric Hemorrhage Risk Internal QI Chart Audit Tool																			
Patient MRN#														Total Blood Loss: (ml)			Yes	No	N/A
Date of Delivery:														EBL documented					
Delivery Type: ___ Vaginal ___ Casarean														QBL documented					
Auditor:														Met criteria for PPH			Yes	No	
Date Reviewed:																			
SECTION 1: Risk Assessment																			
	Yes	No																	
1. Hemorrhage assessment completed on admission																			
2. Risk level documented (low/Medium/High)																			
3. Risk reassessed with change in condition (induction, prolonged labor, infection, cesarean,																			
Documented Risk Levels																			
	Documented Risk Level at Not Documented				Documented Risk Level at Not Documented				Documented Risk Level at Not Documented										
	Low	Med	High	Docu- mented	Low	Med	High	Docu- mented	Low	Med	High	Docu- mented							
SECTION 2 : Risk Appropriate																			
If LOW Risk:																			
<i>Expected Standard</i>																			
Uterotonics available at delivery	Yes	No	N/A		Yes	No	N/A		Yes	No	N/A								
If MEDIUM Risk:																			
<i>Expected Standard</i>																			
Notify Physician	Yes	No	N/A		Yes	No	N/A		Yes	No	N/A								
Type & Screen Completed																			
Adequate IV access documented																			
If HIGH Risk:																			
<i>Expected Standard</i>																			
Notify physician	Yes	No	N/A		Yes	No	N/A		Yes	No	N/A								
Type & Crossmatch completed																			
Two large-bore IVs documented																			
Blood products immediately available																			
SECTION 3: If Hemorrhage Occurred																			
<i>Measure</i>																			
Quantitative blood loss documented	Yes	No	N/A		Yes	No	N/A		Yes	No	N/A								
Hemorrhage protocol activated appropriately																			
Escalation of care timely (provider notified, anesthesia, etc.)																			



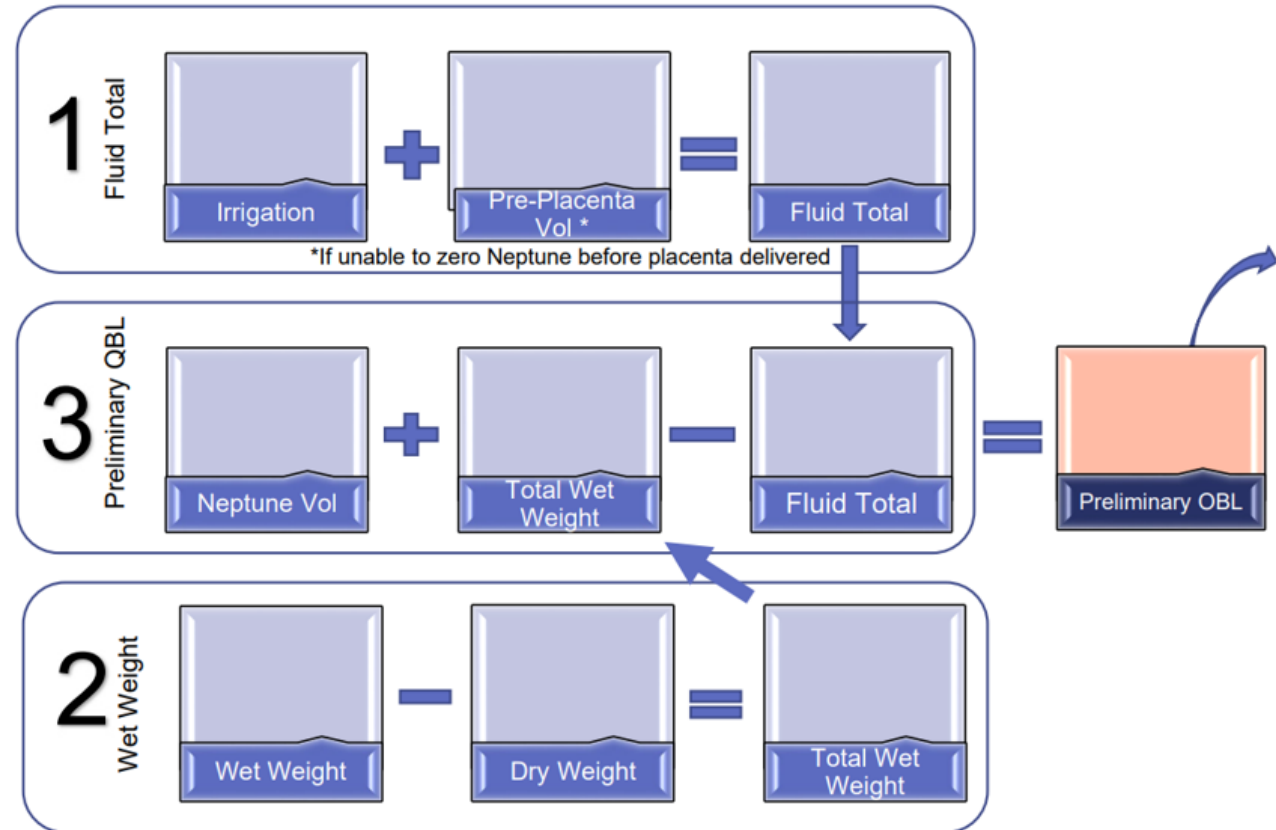
QBL Measurement

Laminated sheets with weights for items in delivery room



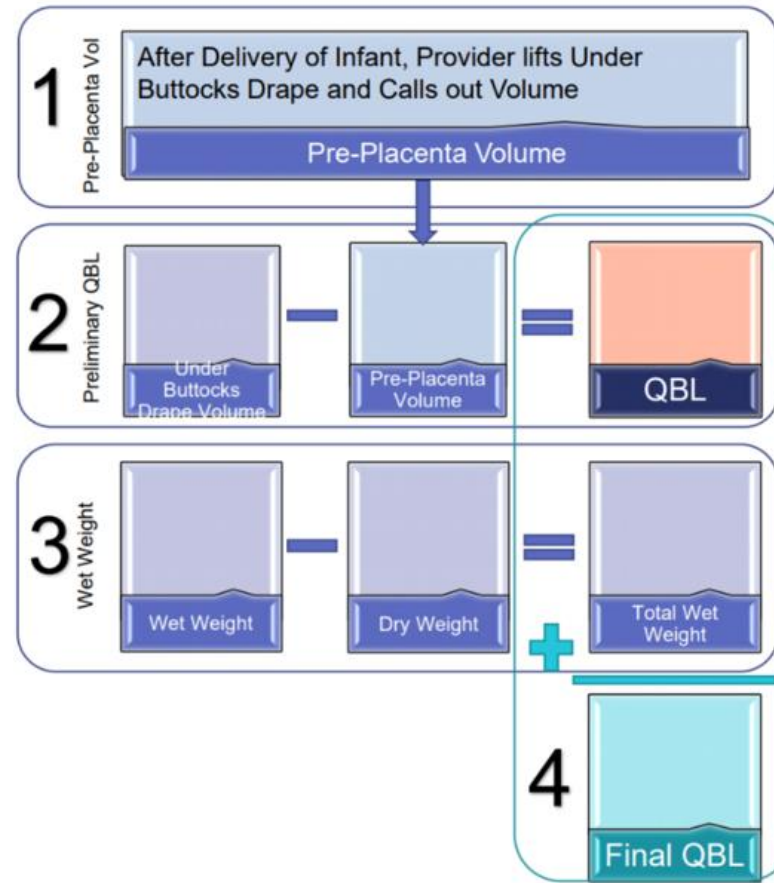
Quantitative Data Calculator

QBL Worksheet: C-Section



Quantitative Data Calculator

QBL Worksheet: Vaginal Delivery



Red Stamp for Report Sheet

Name: _____
 Support Person: _____
 Date: _____ Admit Time: _____
 Provider: _____
 Allergies: _____
 Pertinent HX: _____

Scheduled: C-section / Induction / Augmentation
 Reason: _____
 IV: _____
 SROM/AROM Date & Time: _____
 Color / Odor: _____
 Epidural Foley

G ___ P ___ EDC _____ GA _____
 Ht _____ Wt Now _____ Pre Wt _____
 BMI _____ Initial BP _____
 PPH Risk: Admit L/M/H Predel L/M/H PP L/M/H
 H&H _____ / _____ PLT _____

C/S SVD Time: _____
 Placenta Time: _____
 Lac/Epis: _____
 Complications: _____

Labs:
 GBS: NEG / POS / UNK RUB: IMM/NON/EQUIV
 HEP B: NEG/POS/UNK HEP C: NEG/POS/UNK
 VDRL: NEG/POS HIV: NEG/POS
 GC: NEG/POS CH: NEG / POS
 HSV: NEG/POS/PAST UDS: NEG/POS _____
 BLOOD: A B O AB +/- RHOGAM: _____

Baby Name: _____
 Breast / Bottle / Both
 Circ: Y/N HEP B: Y/N
 VIT K: Y/N ERYTH: Y/N
 Baby Band # _____ Hugs # _____

Delivery QBL	
Recovery QBL	
Cumulative QBL	