



GLOBAL EMERGENCY MEDICAL REGISTRY

Obstetrics - Abnormal Delivery Post-Partum Hemorrhage Skill Documentation Form

Candidate (Print): _____ Date: _____

Examiner (Instructor or Licensed Provider): _____

Examiner Signature: _____

Pass _____ Fail _____

Note: Examiner will use a full-scale simulator for this case to reflect a patient 1 hour post-delivery of a live infant at 39 weeks gestation. Birth Dula states patient was “doing well”, but following delivery of the placenta, began bleeding and losing consciousness. Patient currently unresponsive, Pulse of 120 in sinus tachycardia, MAP of 47 mmHg, SpO2 88% (room air), Respiratory Rate at 30 bpm, EtCO2 25mmHg, blood glucose 88 mg/dl. On exam, patient appears to have lost in excess of 1500 ml into area under patient and floor.

The examiner may conclude the case following proper adherence to the skills sheet by having patient achieve a GCS of 12 with MAP 65 mmHg, SpO2 93%, EtCO2 40 mmHg, pulse of 110; with hemorrhage reduced to minimal blood loss.

Task:	Correct	Incorrect
<u>Obtains history relevant to current pregnancy</u>		
Previous pregnancies and deliveries (complications, vaginal delivery, C-section, bleeding)		
Pre-existing medical conditions (HTN, DM, seizure, cardiac)		
Medications taken prior to and during labor		
Vaginal bleeding time and volume		
Abdominal pain		
<u>Assessment</u>		
Vital signs (Respiration, Pulse, SpO2, EtCO2, MAP, ECG, Temperature)		
Ultrasound assessment		
Uterine palpation		
Level of Fundus		
Vaginal Examination: <ul style="list-style-type: none">• Note cervical dilation/effacement• Identify presenting part(s)• Identify intra-vaginal lacerations• Identify cord prolapse and rectify.		
<u>Examiner States:</u> You note significant bleeding from vagina and the uterus is soft and malleable.		
<u>Actions:</u>		
Assure oxygenation and ventilation		
Fundal Massage		



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Large bore IV access above the level of the diaphragm		
20ml/kg IV fluid boluses and utilize permissive hypotension		
Tranexamic Acid (TXA) 1gm IV in fluid bolus		
Consider Pitocin 20 units in 500ml fluid bolus		
Blood Administration at 10-15ml/kg		
Bi-Manual Massage for continued significant hemorrhage		
Considers emergent transport to obstetrical and/or surgical services		

<u>Critical Failure Criteria</u>	
	Failure to use PPE
	Failure to adequately assess airway, breathing, circulatory status
	Performs assessment in a disorganized manner
	Failure to identify or appropriately manage an abnormal presentation
	Performs any dangerous activity during delivery (pulls on fetus, places fetus in a dangerous position, pulls on umbilical cord to deliver placenta, handles newborn inappropriately)
	Failure to manage the patient as a competent provider
	Performs assessment inappropriately, resulting in missed life threatening condition
	Uses inappropriate affect with patient or examiner
	Uses or orders a dangerous or inappropriate intervention

NOTE: You must factually document any “incorrect” or critical failure criteria on back of this form