

Postpartum Hemorrhage Debriefing Form

Patient Label / Medical Record Number (place here)

Always follow your hospitals quality improvement policy regarding recording patient name and MRN

Date of Event: ____ / ____ / ____

Location of Event: _____

Debrief Recorder Name: _____

Remember: Debriefing is a learning experience and a way to address human factors & system issues to improve response for the next time. There is no blaming / finger pointing.

Debrief Attendees

- Primary RN Primary MD Anesthesia Provider Charge RN OB Resident OB Tech
 Unit Clerk Certified Midwife Nurse Manager Patient Safety Officer Neo/Peds MD

Postpartum Hemorrhage Stage: Stage 2 Stage 3

Management of Postpartum Hemorrhage Case / Four Key Elements

Recognition

OB Risk Assessment

Documented on admission/ongoing: Yes No

Risk at delivery: Low Medium High

If high risk, was T & C done: Yes No

IV access: Yes No If no, why: _____

Blood Loss

Total volume of blood lost: _____

Method used to measure blood loss: Formal Quantification Visual Estimation

Readiness

1. Was staffing adequate on the unit? Yes No If no, why: _____
2. Did you have all the necessary supplies and equipment available in one PPH rapid response unit? Yes No
3. Did your PPH team mobilize quickly? Yes No

Postpartum Hemorrhage Debriefing Form

Patient Label / Medical Record Number (place here)

Always follow your hospitals quality improvement policy regarding recording patient name and MRN

Date of Event: ____/____/____

Location of Event: _____

Debrief Recorder Name: _____

Remember: Debriefing is a learning experience and a way to address human factors & system issues to improve response for the next time. There is no blaming / finger pointing.

Response

- Procedures performed: Bakri Balloon B-Lynch D&C Hysterectomy
- Were the above-mentioned procedures performed in a timely manner: Yes No
- Were any of the following Uterotonic medications given and if so, how much:
 Pitocin® 30 Units Pitocin® 60 Units Pitocin® _____ Units
 Methergine® _____ doses Hemabate® _____ doses Cytotec®
- Were blood products readily available? Yes No
- Were blood products administered in the proper time frame? Yes No
- Did the pt. have an extended stay on L&D (> 2 Hours)? Yes No
- Was the pt. transferred to L&D from Post-Partum? Yes No
- Was the pt. transferred to the ICU? Yes No

Reporting

- Did all team members communicate important/urgent information in a timely manner? Yes No
- What went well:
 Communication Role Clarity Teamwork Situational Awareness Decision Making
- Opportunities for Improvement (Human Factors):
 Communication Role Clarity Teamwork Situational Awareness Decision Making

Postpartum Hemorrhage Debriefing Form

Patient Label / Medical Record Number (place here)

Always follow your hospital's quality improvement policy regarding recording patient name and MRN

Date of Event: ____ / ____ / ____

Location of Event: _____

Debrief Recorder Name: _____

Remember: Debriefing is a learning experience and a way to address human factors & system issues to improve response for the next time. There is no blaming / finger pointing.

Reporting (continued)

1. Opportunities for Improvement (System Issues):

Equipment Medication Blood (availability) Inadequate Support Delays in transporting pt.

2. Were the pt. and family informed of the team's plan of care? Yes No

3. Were the pt. and family's spiritual and emotional needs met? Yes No

Immediate Action Items

What needs to occur now: _____

Task was delegated to: _____

Additional Comments

Primary RN Signature

____ / ____ / ____
Date

Primary Physician Signature

____ / ____ / ____
Date