

CMQCC - California Partnership for Maternal Safety

OBSTETRIC HEMORRHAGE DEBRIEF FORM

The debrief form provides an opportunity for obstetric service teams to review the sequence of events, successes and barriers to a swift and coordinated response to obstetric hemorrhage.

Goal: Debrief all obstetric hemorrhages (up to five) per month that include the following triggers:

- 1000 (1500) ml blood loss – Stage 2 (3) hemorrhage (*will depend on the frequency of events at your hospital, to be determined by your own institution*)
- Administration of **second** dose of any uterotonic medication (methergine, hemabate, misoprostol)
- Use of uterine tamponade balloon or B-lynch suture
- Administration of blood products

Instructions: Complete debrief form as soon as possible after event as described above. During debrief, obtain input from as many participants as possible.

Date: _____ Time: _____ Submitted by: _____

RECOGNITION	
Was patient assigned a hemorrhage risk? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Not done	Volume of Blood Lost _____ Method: <input type="checkbox"/> Formal quantification <input type="checkbox"/> Visual estimation <input type="checkbox"/> Both
RESPONSE	
Supplies/cart: Identify opportunities for improvement: <input type="checkbox"/> Appropriate supplies available <input type="checkbox"/> Equipment <input type="checkbox"/> Medications <input type="checkbox"/> Blood products <input type="checkbox"/> Procedure <input type="checkbox"/> Device(s) working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other issues?:	Blood products Available without delay? <input type="checkbox"/> Yes <input type="checkbox"/> No Adequate blood product volume available? <input type="checkbox"/> Yes <input type="checkbox"/> No
TEAMWORK	
Timely Team response? <input type="checkbox"/> Yes <input type="checkbox"/> No All roles filled? <input type="checkbox"/> Primary Physician <input type="checkbox"/> Primary Nurse <input type="checkbox"/> Charge Nurse <input type="checkbox"/> Secondary Nurse <input type="checkbox"/> Documentation <input type="checkbox"/> Runner <input type="checkbox"/> Anesthesia Role clarity? <input type="checkbox"/> Yes <input type="checkbox"/> No Was there a clear leader? <input type="checkbox"/> Yes <input type="checkbox"/> No Was there clear communication? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Participants (Name, Role):

Issue(s) or Recommendation(s)
