

Obstetrical Hemorrhage Debriefing Tool

Patient Initials: _____ Date/Time: _____

Staff Present:

	YES	NO	N/A	Comments
Team Work				
1. Help arrived in a timely manner 2. Team member roles were well defined and helpful 3. Team members stayed in role through situation 4. Adequate staff/help was present				
Medication Administration				
1. Medications arrived in a timely manner 2. Adequate types of medications were available 3. Medications were utilized appropriately				
IV fluid Administration				
1. Second IV started 2. Adequate crystalloid resuscitation was performed				
Blood Product Administration				
1. Blood products arrived in a timely manner 2. Massive transfusion protocol worked well 3. Communication between clinicians and blood bank worked well 4. Adequate blood products were available				

Surgical Treatment	Yes	No	N/A	Comments
<ol style="list-style-type: none"> 1. OR ready and stocked with supplies appropriately 2. Support staff called to room arrived in time to assist 3. Appropriate surgical equipment readily available 4. Appropriate Tamponade equipment available 				
Family Information				Comments
<ol style="list-style-type: none"> 1. Husband/FOB/Partner informed of events 2. Patient Advocate Needed? 3. Risk Management notification needed? 				
Other Reportable Issues				Comments