Diagnostics and bleeding localization

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Estimate of blood loss:
• Less severe: 500 - 1000 ml
• Severe: more than 1000 ml
• Peripartum hemorrhage: rapidly increasing blood loss, clinically estimated to be above 1500 ml or as any blood loss associated with the development of clinical and/or laboratory signs of shock/tissue hypoperfusion

Organization of care according to estimated blood loss:
• Less severe blood loss=An obstetrician is always called
• Severe blood loss=An anesthesiologist is always called in
• Peripartum hemorrhage=A multidisciplinary crisis team is always activated

Identification of the source of bleeding:
1. Palpation / bimanual examination
2. Examination in mirrors
3. Ultrasound examination

Other procedures:
1. Assessment and stabilization of basic vital signs
2. Start monitoring of basic vital signs
3. Initiation of oxygen therapy
4. Securing/controlling vascular access
5. Initiation of fluid replacement/fluid resuscitation
6. Catheterization of the bladder
7. Consider the following procedures:
    - Uterine massage
    - Bimanual compression of the uterus
    - External aortic compression

Recommended initial laboratory tests:
1. Blood count
2. Coagulation tests (aPTT, PT, antithrombin III)
3. Fibrinogen level
4. Pre-transfusion testing (blood group, screening for irregular erythrocyte antibodies, compatibility test)
5. Consider viscoelastic examination

Initial requirements for transfusion products:
1. Plasma (in the initial phase ensure availability of at least 4 T.U)

2. Erythrocytes (in the initial phase ensure the availability of at least 4 T.U)

Ensuring the stability of the indoor environment:

1. Acid-base balance
2. Temperature
3. Level of ionized calcium (Ca2++)

Tromboelastometry provides rapid information on acute hemostatic status, allows differentiation of the causes of bleeding and deployment of targeted treatment.

CZECH AID

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