



Postpartum Hemorrhage Two Hours Following Delivery

Simulated Clinical Experience (SCE™) Overview

Location: Postpartum Unit

History/Information:

This patient is a 23-year-old female, gravida 1 para 1 abortion 0 living 2 with a history of occasional episodes of asthma. She states she has used her inhaler twice during this pregnancy. Her blood type is A positive. It is two hours post normal spontaneous vaginal delivery of twins at 37-weeks gestation. The twin boys are her first children. The patient experienced onset of Pregnancy-Induced Hypertension (PIH) during early labor with blood pressure readings reaching 140/90 and trace urine protein noted. This condition resolved following epidural anesthesia, and there was no further therapy initiated for PIH. Blood pressure was carefully monitored during labor. A urinary catheter was inserted following epidural anesthesia and removed prior to the second stage of labor. Lab values prior to delivery were within normal limits. Following epidural administration at 4cm dilation, the patient experienced hypotonic labor and oxytocin augmentation of labor was instituted. Sixteen hours following spontaneous onset of labor, she progressed to a spontaneous vaginal delivery of twin boys, both cephalic presentations. Twin A (Apgar 8/9) weighed 7 pounds, 2 ounces and Twin B (Apgar 7/9) weighed 7 pounds, 6 ounces. She had an episiotomy with partial third degree extension that was repaired with 2-0 and 3-0 chromic under epidural anesthesia. No other lacerations were indicated on the delivery record. Estimated blood loss following delivery was 500mL. Postpartum recovery period was within normal limits. There were no episodes of unusual bleeding or clots. The patient is currently on the Postpartum Unit following transfer from the labor and delivery room. Her husband is at her bedside and their newborns are in the well baby nursery. She plans on breastfeeding her twins. She desires future fertility.

Past medical history: Apparently healthy young woman who has been married for two years. She denies surgery or previous health problems except for occasional episodes of asthma that resolve with albuterol inhaler use as needed. Her last inhaler use was six months ago. She denies smoking, recreational drug use, or alcohol use. No known drug allergies.

Familial history: Mother: hypertension and adult onset diabetes, Father: myocardial infarction at age 58

Father of Babies: Medical history is unremarkable.

Learning Objectives/ Questions

1. Performs basic physical assessment of the postpartum patient (APPLICATION).
2. Identifies signs and symptoms of postpartum hemorrhage (KNOWLEDGE).
3. Determines most likely cause of hemorrhage (ANALYSIS).
4. Performs appropriate nursing management interventions for the woman experiencing postpartum hemorrhage (APPLICATION).
5. Evaluates effectiveness and revises plan of care as indicated according to patient's condition and assessment (ANALYSIS).

Questions to Prepare for the Simulated Clinical Experience:

1. What factors increase a woman's risk for postpartum hemorrhage?
2. What are the differences between early and late hemorrhage?
3. Why is the nursing assessment vital to caring for the postpartum woman?
4. What is uterine atony and how does it cause postpartum hemorrhage?
5. What are other causes of postpartum bleeding?
6. How is postpartum hemorrhage treated?
7. What are the indications and contraindications of common medications used to treat postpartum hemorrhage?

Healthcare Provider's Orders

Vital signs per unit routine. Notify healthcare provider if: Systolic BP less than 90 or greater than 140 or Diastolic BP less than 60 or greater than 90, Temp greater than 38°C, HR greater than 110, RR greater than 28, Onset of asthma symptoms
Diet Regular
Admit Labs: CBC in AM on the first postpartum day
Notify healthcare provider if WBC greater than 18,000, Hct less than 30%
Ice pack to perineum
Hydrocortisone topical cream and medicated hemorrhoidal pads at bedside
Insert urinary catheter if unable to void
Docusate sodium 100mg PO twice a day as needed for constipation (at bedside)
Propoxyphene 65mg/aspirin 389mg/caffeine 32.4mg 1 tablet PO every 3-4 hours as needed for pain
Ibuprofen 800mg PO every 6-8 hours as needed for cramps (18 tablets at bedside)
Flurazepam 30mg PO at bedtime as needed for sleep
Albuterol inhaler at bedside, 2 puffs as needed for acute onset of asthma symptoms
Fundal massage PRN
1000mL LR with 20units of oxytocin at 150mL/hour PRN to control bleeding
Methylergonovine 0.2mg PO every 4 hours for 6 doses PRN to control bleeding unless contraindicated

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