## **Clinic Name:**

## Hemorrhage: Event Documentation and Transfer Form (To be used for real time documentation and transfer if needed)

Patient Name					_ DOB	/	_/ Age
Gestational Age Pr			Procedure				
destational Age			Circle: MVA				
					ston VEC	NO	
				-	ete? YES	NO	
Blood type:		_ Baseline	ngb/hct:		-		
Emergency Contact	Name	à.					
Cell phone number							
Attending physician				ell/pager_			
Trainee or other per						ompagor_	
Vitals	30113 1	11001000					
Time	BP		Pulse		Pulse ox		Pain scale
11110	<u> </u>		1 0100		1 dioc ox		T an odaro
Evaluation for Ut				Time:			
Evaluation for re Comments:	lamec	i ussue? 1	ES NU	Time:			
		Time	Con	ments			
Re-aspiration			V				
Re-Ultrasound							
Uterine massage							
Medications							
			iponade (Fo	oley/Bakri)			
		Time:					
Medications give	n						
<b></b>	<del></del>		Route (ci	rcle)	Time (s)		
Misoprostol 200mcg				SL Rectal			
			Vaginal				
Methergine 0.2mg			PO IM				
Hemabate 0.25mg (Q 15 min; max 2g)			IM				
Uterine Tamponade (Foley/Bakri)					1		

<b>Evaluation for Cervical</b>	Injury?	YES N	NO Time	e:								
Comments:												
Other action:			Suture:									
Vaginal Packing:			Uterine Tamponade (Foley / Bakri) Time:									
IV placed – reason:												
Site and gauge	Commen	mments										
IV 1:												
IV 2:												
Fluids given:												
IV bolus: Basal rate:												
Evaluation of perforation? YES NO Time: CIRCLE ONE:												
Type			Known	Suspect	ed							
Suction on during perfora	tion		YES	NO	UNKNOWN							
Abdominal contents invol	ved		YES	NO	UNKNOWN							
Free fluid on ultrasound			YES	NO	UNKNOWN							
Procedure completed			YES	NO	UNKNOWN							
DIC suspected? YES NO Comments:												
Clotting disorder suspected? YES NO Comments:												
Т:	me	Comme	ata									
	ne	Comme	nis									
911 called												
ER notified OB/GYN on-call												
notified												
Hotilled												
Patient Transfer					Time							
Tallon Transier					Time							
Transfer Location												
Transiti Legation												
Physician Accepting Transfe	er		Pager	•	Time Transfe							
yololali / looopiilig i lalloli		, agoi		Timo manon								
Person accompanying trans	sfer:		Items transferred with patient:									
	name transferred that patients											
Patient status upon transfer (AxOx3, Vitals, EBL):												

Notes (PMHx, circumstances of the procedure, further details about the complication, further details about the procedure – ie: complete or incomplete):