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, NEW ONSET severe hypertension and/or transfer to the ICU.

**Instructions:** Complete debrief form as soon as possible after event as described above. During debrief, obtain input from as many participants as possible. When complete, return the form to the Debrief Form file.

**Date: Time: Submitted by (Charge RN):**

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|  | **OB Hemorrhage** | **New Onset Severe Hypertension- Preeclampsia** | **Admission to the ICU** |
| **GOAL** | Debrief all obstetric Hemorrhages (up to five)per month that include the following triggers | Debrief all cases of preeclampsia with severe hypertension (up to five) per month that include the following triggers | Debrief all cases where patient was transferred from L&D and PP **to ICU** |
|  |  |  |  |
| **TRIGGERS** | Blood loss: * 1000 ml vaginal delivery
* 1500 ml C/S delivery **AND**
 | New onset severe hypertension with preeclampsia or eclampsia (>=160 OR >105) | Indication: |
|  | Administration of **2nd dose** of any uterotonic medication (Methergine, Hemabate, misoprostol) for atony | Chronic/gestational hypertension with superimposed preeclampsia; Include patients from L&D, PP, ED  |  |
|  | Use of uterine tamponade balloon or B-lynch suture |  |  |
|  | Administration of blood products |  |  |
|  |  |  |  |
| **Recognition** | **Was patient assigned a hemorrhage risk?**☐Low ☐Medium ☐High☐Not done**Volume of Blood Lost\_\_\_\_\_\_\_****Method:** 🞏 Quantification 🞏 Visual 🞏 Both | Were there any delays in🞏 Recognition?🞏 Notification? | Were there any delays in🞏 Recognition?🞏 Notification?🞏 Bed availability |
|  |  |  |  |
| **Response** | **Supplies/cart: Opportunities for improvement:**☐Appropriate supplies available☐Equipment ☐Medications☐Blood products ☐Procedure☐Device(s) working properly?☐Yes ☐No☐Other issues:**Blood\ products**Availablewithoutdelay?☐Yes☐NoAdequate blood product volumeavailable? ☐Yes ☐No | **Time severe hypertension diagnosed \_\_\_\_:\_\_\_\_****Time 1st line antihypertensive administered: \_\_\_\_:\_\_\_\_****Number of doses needed to reach target blood pressure: \_\_\_\_\_\_\_****Supplies: Opportunities for improvement:**☐Equipment ☐ Medications☐Other issues:  | **Opportunities for improvement:**☐Equipment ☐ Medications☐Other issues:  |
|  |  |  |  |
| **Teamwork** | **🞏Code Pink called 🞏 Rapid response called 🞏 Code Blue called; Timely Team response?** ☐Yes☐No **Was there clear communication?** ☐ Yes ☐No**All roles filled?** ☐PrimaryPhysician☐Primary Nurse ☐Charge Nurse☐Secondary Nurse ☐Documentation☐Runner ☐Anesthesia **Role clarity?** ☐Yes **☐**No **Was there a clear leader?** ☐Yes☐No**Was there clear communication**? ☐ Yes ☐No **Timely Team engagement?** ☐ Yes ☐ No**All roles engaged/consulted?** ☐Primary MD ☐Primary Nurse ☐Charge Nurse ☐ Anesthesia ☐ Maternal Fetal Medicine |

**Participants Name, Title, Role (please print):**

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| **Name** | **Title** | **Role** |
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**Issue(s)/Recommendation(s):**

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