Intrauterine Hemorrhage Cart: In a Non-Obstetrical Post Operative Setting
Team Leaders: Vanessa McRandal MSN RN, Jolene Johnson RN
UPMC Magee-Womens Hospital, Pittsburgh, Pennsylvania
Team Members: Molly Delong MSN RN CSRN, Jamie Raab BSN RN

Background Information: UPMC Magee-Women’s Hospital’s main Surgical Services department is separate from the hospital’s obstetrics surgical unit. Separating the two allows for specialty training of each department’s staff for their specific types of surgical patients. However, there are times when the Surgical Services department cares for women in varying stages of pregnancy for general surgeries, as well as suction dilation and curettage/evacuation procedures. These procedures put the patients at risk of post-operative intrauterine hemorrhage. Therefore, the staff must be prepared and trained appropriately to stop the bleeding. A delay in controlling blood loss increases the risk of morbidity and mortality.

Objectives of Project: The goal of implementing a hemorrhage cart in Phase I Post-Anesthesia Care Unit (PACU) is to centralize the essential supplies needed to properly care for an identified intrauterine hemorrhage. By eliminating the time spent gathering the supplies, staff will be able to expeditiously implement the necessary interventions to control the hemorrhage.

Process of Implementation: Although Phase I PACU had all the needed supplies stocked on the unit, the supplies were not centralized in one spot to easily obtain. A multidisciplinary team, that included PACU nurse leaders, an OB Programmatic Nurse Specialist, Central Sterile Processing, OR nurses, and Phase I PACU nurses, collaborated and developed a comprehensive list of supplies that are essential to controlling an active hemorrhage. A Phase I PACU nurse leader then created a "Hemorrhage Cart" consisting of Personal Protection Equipment (PPE), sterile supplies, uterine tamponade equipment, and appropriate medications.

Statement of Successful Practice: Phase I PACU has successfully implemented the Hemorrhage Cart and maintains the proper supplies needed for the possibility of emergent situations that may occur in Phase I PACU. With situations that have occurred post-implementation, Phase I PACU nurses have now been able to successfully decrease the time between identification and intervention of an intrauterine hemorrhage on two separate occasions using the Hemorrhage Cart. Both of these situations ended with successful intervention implementation in a timely manner.

Implications for Advancing the Practice of Perianesthesia Nursing: When unfortunate circumstances, like intrauterine hemorrhaging occur, time is of the essence. Morbidity and mortality associated with this post-op complication in Phase I PACU decreases by maintaining and utilizing the Hemorrhage Cart.