

# NURSING CARE PLAN (POSTPARTUM HEMORRHAGE (PPH))

## Medical Diagnosis: Postpartum Hemorrhage (PPH)

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> <li>• Dizziness</li> <li>• Pain in the vaginal area (if hematoma present)</li> </ul>	Assess vital signs and monitor for signs of shock	The decreased fluid volume will cause blood pressure to drop and the patient will go into shock
	Monitor blood loss: Site Type Amount- should be no more than 1 perineal pad per hour Presence of clots	The amount of blood loss and the presence of blood clots can help determine treatment.
	Monitor intake and output	30ml – 50 ml/hr urine output; may require indwelling catheter insertion for accurate measurement  Decreased urine output may be a sign of hematomas that put pressure on the urethra, or maybe a late sign of hypovolemic shock.
	Assess for vaginal hematoma	If bleeding is due to a vaginal hematoma, rest and application of an ice pack may be sufficient treatment
<b>Objective Data:</b> <ul style="list-style-type: none"> <li>• Uncontrolled bleeding (excessive saturation of perineal pads)</li> <li>• Hypotension</li> <li>• Tachycardia</li> <li>• Low hematocrit</li> </ul>	Monitor lab values to determine the need for transfusions or signs of complications	Watch hematocrit and clotting levels to know if blood transfusion is necessary and for signs and severity of DIC.
	Administer IV fluids, medications and blood products as necessary: Oxytocin Antibiotics Analgesics	Fluid replacement may be necessary and, depending on the amount of blood lost and hematocrit level, a blood transfusion may be required. Oxytocin is sometimes given to initiate contractions that will help stop bleeding.
	Perform uterine massage to stimulate contractions following delivery	Begin fundal massage and educate patients on how to massage the abdomen to stimulate contractions. These contractions may help stop bleeding.
	Monitor and manage pain	Continued, unrelieved pain may be due to hematomas or lacerations within the vagina
	Place the patient on bed rest with legs elevated	Rest and elevation of legs helps venous return and slows bleeding
	Prepare patient for surgery if indicated; remain on NPO status	If bleeding can't be managed otherwise, surgery may be required