

<b><u>STANDING ORDER</u></b>	
Title	Drug administration for immediate management of primary postpartum haemorrhage
Location	Mercy Hospital for Women
Standing order No	Three
Version No	One
Variations from previous version	Nil
<b><u>GOVERNANCE</u></b>	
Enactment date/ Renewal date (NB strike out as appropriate)	June 2005
Note that each renewal of a Standing Order must be submitted on a new form and accompanied by a copy of the preceding approved Standing Order	
Expiry: (maximum 36 months from date of original approval)	August 2007
Ratification date by Drug & Therapeutics Committee	27 <sup>th</sup> August 2004
Validation	30 <sup>th</sup> August 2004. Dr Dan Casalaz
Standing Order Identifying Number (issued by Drug and Therapeutics Committee)	Number 3 Version 1
Chairperson, Drug and Therapeutics Committee	Signature (Name) Date
Process for removal of previous version of Standing Order completed	Signature (Name) Date (designated authority)
Approved standing order distributed <sup>#</sup>	Signature (Name) Date (designated authority)
<sup>#</sup> Note all Standing Orders must be distributed in a format which prevents modification eg. PDF file	
<b><u>SPONSOR</u></b>	
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Position	Clinical Midwife Consultant
Person Responsible	1. Denise Patterson 2. Theresa Bowditch
Position	1. Clinical Director – Obstetrics and Maternity Services: Midwifery Midwifery Unit Manager –Family Birth Centre 2. Midwifery Unit Manager – Birthing Suites
Department/CSU	Birthing Suites & Family Birth Centre
Departmental Contact (for ongoing maintenance of standing order)	Midwifery Unit Manager – Birthing Suites Midwifery Unit Manager – Family Birth Centre
Basis of standing order: (including sources of evidence, references)	
Groups consulted	Pharmacy Committee
<b><u>APPLICATION OF STANDING ORDER</u></b>	
Areas where standing order applicable	Birthing Suite Family Birth Centre
Areas where standing order not applicable	

Reference to other Standing Orders:	Drug administration in labour and birth Drug administration for normal newborn
Other Relevant Standing orders of Interest:	
External Links	
<b><u>STAFF AUTHORISATION</u></b>	
Staffing requirements	Division 1 Registered Nurse with Midwifery Endorsement Division 1 Registered Midwife
Staff credentialing requirements (provide training details, minimum standards required)	Division 1 Registered Nurse with Midwifery Endorsement Division 1 Registered Midwife
Register of credentialed staff (detail mechanism of register maintenance)	
<b><u>STANDING ORDER</u></b>	
Background	The prompt recognition and appropriate response to postpartum haemorrhage may minimise the adverse effects to the woman. The predominant cause of primary postpartum haemorrhage is uterine atony. Appropriate treatment of uterine atony includes uterine massage, compression and the administration of uterotonics. The timely response to postpartum haemorrhage by the administration of these medications, while summoning further assistance, may minimise the sequale of this obstetric emergency.
Purpose and scope	The administration of the medications herein are considered appropriate in the management of postpartum haemorrhage as an interim measure while summoning assistance from the multidisciplinary team. It is essential that postpartum haemorrhage be managed by a multidisciplinary team.
Precautions	The pharmacological therapies are only to be used within the framework of the standing orders and in accordance with hospital policies.
Clinical Condition and circumstances for use	<b>Administration of Ergometrine Maleate</b> For treatment of postpartum haemorrhage
Limitations	Exclusion of the possibility of a second twin should always occur prior to the administration of ergometrine
Site of care considerations	To be administered in Birthing Suite environment
Contra-indications	Not to be used in the first or second stages of labour, eclampsia, pre-eclampsia, if retained placenta is present or suspected
Monitoring requirements	Vital signs as per management of postpartum haemorrhage
Procedure	Administration of dose by intra-muscular injection and / or intravenous injection according to drug administration policy of MHW. The drug may be administered by both intravenous and intramuscular route in cases of postpartum haemorrhage to ensure both a rapid onset and long lasting effect of the drug.
Documentation	All drugs administered are to be recorded and signed on the medication chart and notation made within the labour partogram
Dosage	250 micrograms Intravenous diluted in 5mls Normal saline slowly over 1 minute 250 micrograms intramuscular injection
Adverse effects	Coronary artery or peripheral vasospasm, hypotension, hypertension, ventricular arrhythmia's, allergic reactions/- bradycardia, gangrene, GI upset, dizziness, hallucinations, vertigo, pulmonary oedema, sweating, tinnitus, haematuria, decreased prolactin
Management of Complications	Notify medical officer Code Blue if required
General	The effect of smooth muscle contraction may cause vomiting. Maxolon may be a useful adjunct therapy if administering ergometrine.

<b><u>REFERENCES</u></b>	
References	Schuurmans N, MacKinnon C, Lane C, Etches D (2000). "Prevention and Management of Postpartum Haemorrhage", <u>SOGC Clinical Practice Guidelines</u> . Vol.21;No.88,pp1-11
Keywords	