

Section: Division of Nursing
Approval: _____

* **PROCEDURE** *

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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MATERNAL SERVICES
(Scope)

TITLE: TREATMENT OF POST DELIVERY COMPLICATIONS

PURPOSE: To outline the procedure for preparing a patient for post delivery procedure and/or to determine cause of vaginal bleeding, shock, etc.

SUPPORTIVE DATA:

1. To determine cause of vaginal bleeding, shock, and/or patient need for additional services.
2. For evacuation and repair of hematoma or repair of lacerations.
3. Patient care provider will determine need to take patient to OB/OR.

EQUIPMENT LIST:

1. OB Pack
2. Betadine surgical scrub
3. Betadine aerosol spray
4. 1000 cc sterile water
5. 1 pack raytec sponges
6. OB basin set
7. Vaginal Laceration tray
8. Provider's gown and gloves
9. Suture material as requested
10. Instruments, as requested by provider for specific repair or treatment
11. Chart
 - a. Consent for specific procedure as defined
 - b. Anesthesia sheet if medications are used for analgesia/anesthesia
 - c. Record of operation
 - d. Procedure verification

CONTENT:

1. Determine status of patient and notify Nursing Service if operating room personnel are needed.
2. Prepare patient for OR, if necessary.
3. Obtain consent for procedure. If patient is unable to sign consent, may have husband sign consent. Obtain consent for blood transfusion if necessary. Lab to obtain type and cross match if not already done. Perform "time out."
4. Take patient to OR, if indicated
5. Follow procedure for perineal wash.
6. During procedure, assist Provider as needed and document nursing care during this procedure.
7. When procedure is completed, the patient will either recover in OB per recovery standards or in PACU if case is done there.