

Finger Lakes Regional Emergency Medical Service Council, Inc.



REMAC Advisory

26-03

**Obstetric Protocol -
Correction**

Created
9/9/2026

Advisory: The 2026 Obstetrics Protocol

The 2026 Obstetrics: Hemorrhagic Shock protocol reads that initial oxytocin dosing should be "‡ 10 units IM or 10 units IV followed by 20 units placed in 1 L normal saline and given wide open until bleeding significantly decreases."

THIS IS AN ERROR. Oxytocin bolus 10 units **IV** is **dangerous and can cause cardiovascular collapse.** ***DO NOT PUSH 10 UNITS IV.***

The protocol should read: "‡ 10 units IM followed by 20 units placed in 1 L normal saline and given wide open until bleeding significantly decreases."

This Change is effective immediately. Please see the current NYS Protocol for reference.

Obstetrics: Hemorrhagic Shock

CRITERIA

- For management of excessive bleeding (> 1 Liter) up to 24 hours after delivery

CFR AND ALL PROVIDER LEVELS

EMT

- ABCs and vital signs
- Airway management and appropriate oxygen therapy
- Firmly massage the uterine fundus
- If perineal (external vaginal lacerations) are present, apply direct pressure to the perineum with sterile dressings. *Do not place gauze or dressings inside the vagina.*

● CFR AND EMT STOP

ADVANCED

CC

- Vascular access
- If SBP <100 mmHg or MAP <65 mmHg, Normal saline 500 mL bolus, may repeat up to a total of 2 liters if lung sounds remain clear to obtain goal SBP $\geq$ 100 mmHg or MAP $\geq$ 65 mmHg

● ADVANCED AND CC STOP

PARAMEDIC

- Oxytocin: 10 units IM or 10 units IV followed by 20 units placed in 1 L normal saline and given wide open until bleeding significantly decreases
- If signs of shock and systolic BP <100 mmHg, MAP <65 mmHg, consider:
 - Transfuse 1 unit Type O PRBC or whole blood:® followed by 1g Calcium Chloride for every 500 mL of whole blood administered through a separate IV line from the one the blood was administered through
 - Tranexamic Acid:® (TXA) 1 gm in 100 mL over 10 minutes. If bleeding continues after 30 minutes, administer a second dose of 1 gm in 100 mL over 10 minutes

● PARAMEDIC STOP

MEDICAL CONTROL CONSIDERATIONS

- Additional Normal Saline or balanced crystalloid
- Blood:® or TXA administration in patients not defined in this protocol, or additional units of blood
- Norepinephrine 2 mcg/min, titrated to 20 mcg/min, if needed after fluid bolus is completed, to maintain Systolic BP $\geq$ 100 mmHg, MAP $\geq$ 65 mmHg

Key Points/Considerations

- Administration of blood or TXA should not delay transport
- Initiation of prehospital blood products subject to REMAC-® endorsed blood product distribution plan and Department of Health approval