Inpatient Heavy Menstrual Bleeding Screening Questions:

1) Duration of menses was greater than or equal to 7 days AND the patient reported for at least some periods "gushing," need to change pads greater than 2 hours, bleeding through pads, and impairment of daily activities?

2) Prolonged menstrual bleeding with first menses (greater than or equal to 7 days)?

3) History of excessive bleeding with tooth extraction or surgery?

4) History of excessive bleeding after miscarriage-abortion/delivery AND management of anemia with medical therapy or hospitalization?

5) History of blood transfusion?

6) Family history of a diagnosed bleeding disorder?

If any are answered "Yes" contact inpatient coagulation team to discuss high risk bleeding disorder, to obtain Von Willebrand Antigen, Von Willebrand Activity, & Factor 8 assessment labs prior to blood transfusion or hormonal treatment.

Baseline Lab investigation if not previously done: CBC, Type and Screen, Pregnancy Test (urine), PT, aPTT, Fibrinogen, TSH, Ferritin, & consider STI screening

Radiologic Investigation: Consider pelvic ultrasound

Consult gynecology for evaluation for plan of care. Consult inpatient coagulation team if yes to Inpatient Heavy Menstrual Bleeding Screening Questions:

Consider Non-hormonal medications as first line to treat heavy menstrual bleeding unless contraindicated. Hormonal treatment options in conjunction with gynecology.
- Nursing order for quantitative blood loss with pad measurement.

Inpatient Heavy Menstrual Bleeding Treatment Power Plan:
Primary Choice
- Tranexamic acid (Lysteda) AND/OR
Secondary Choice
- IV Premarin

Gynecology re-evaluation for considerations IV Premarin (If not already started) OR oral hormonal therapy (OCP or Progestin-Only)

Has Bleeding Slowed?

No

Discharge
- Patient Education Material
- Follow-up with Primary Care Physician or Gynecology within 1-2 weeks
- If patient meets high risk for bleeding disorder contact hematology and place clinic referral for follow-up.

Yes