

Bleeding Disorder Risk Assessment Checklist:

- 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 "Yes" to ANY questions proceed Bleeding Disorder Assessment Labs

Assessment and treatment for menstruating females ≥ 12 years of age, previously untreated [heavy menstrual bleeding](#)



High Risk for Bleeding Disorder Per Bleeding Disorder Checklist

Contact Hematology to discuss obtaining high risk bleeding disorder assessment labs (blood) prior to blood transfusion or hormonal treatment:

CBC, Type and Screen, PT, aPTT, Fibrinogen, Von Willebrand Antigen, Von Willebrand Factor Activity, Factor 8, Ferritin, BhCG, TSH

Radiologic Investigation:
[Consider pelvic ultrasound](#)

Consider Low Risk Investigation Labs:
CBC, Type and Screen, Pregnancy Test (urine), & STI screening

Radiologic Investigation:
[Consider pelvic ultrasound](#)

Hemodynamically unstable

• Emergent management of shock
• Consult Hematology and Gynecology for treatment options for heavy menstrual bleeding
• Admit Inpatient

Hgb (< 10) and/or abnormal pelvic ultrasound (if obtained)?

• Consult Hematology and Gynecology for treatment and disposition recommendations
• Consult Gynecology if pelvic ultrasound abnormal

Initiate outpatient treatment: Consider Non-hormonal medications as first line to treat heavy menstrual bleeding unless contraindicated.

Non-hormonal treatment options:

- NSAIDS
Ibuprofen - 10mg/kg/dose po q 6 to 8 hours x 5 days, maximum daily dose 2400 mg
OR
Naproxyn - 10mg/kg/dose to maximum of 500mg po q 12 hours x 5 days. maximum daily dose should not exceed 1250 mg
- Tranexamic acid (Lysteda) 1300mg, po q 8 hours for 5 days
- Iron Supplements 325mg BID

[Hormonal treatment options in conjunction with gynecology or adolescent medicine:](#)

- Progesterone only
- Combined oral contraceptive pill

Discharge

- [Patient Education Material](#)
- Follow-up with Primary Care Physician or Adolescent Medicine Specialty Clinic or Gynecology within 1-2 weeks
- If patient meets high risk for bleeding disorder contact hematology and place clinic referral for follow-up.