

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.

Inpatient assessment and treatment for menstruating females with [heavy menstrual bleeding](#)

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](#)

