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

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

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

Assessment and treatment for menstruating females ≥ 12 years of age, previously untreated heavy menstrual bleeding

High Risk for Bleeding Disorder

Low Risk for Bleeding Disorder

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

Radiologic Investigation:
Consider pelvic ultrasound

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 B, Ferritin, hCG, TSH

Radiologic Investigation: Consider pelvic ultrasound

Yes
Hemodynamically unstable

No

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

Yes

No

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
  Naproxen - 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.