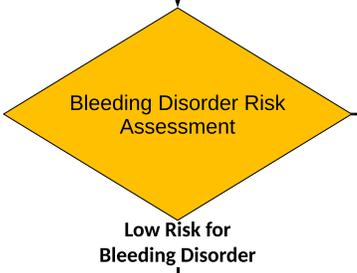


**Bleeding Disorder Risk Assessment Checklist:**

- 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  $\geq 12$  years of age, previously untreated [heavy menstrual bleeding](#)



**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

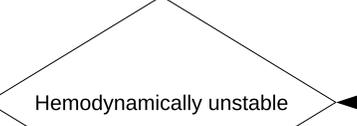
**Radiologic Investigation:**  
[Consider pelvic ultrasound](#)

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

**Radiologic Investigation:**  
[Consider pelvic ultrasound](#)

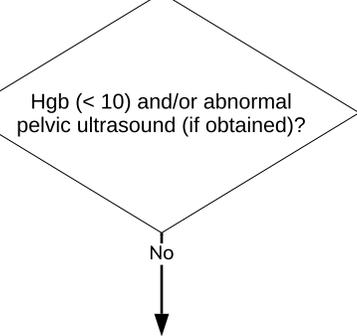
Yes

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



Yes

- 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.