

BLEEDING REFERRAL GUIDELINE

MAINE CHILDREN'S CANCER PROGRAM • 100 CAMPUS DRIVE, SCARBOROUGH, ME • (207) 396-7565

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Significant and/or progressive bleeding manifestations either spontaneous or secondary to trauma or surgery

FHx: Significant bleeding complications

EXAM: Active or recurrent bleeding, progressive petechial rash, significant ecchymoses, mucosal purpura

LABS: Platelets < 20, significant elevations of INR (> 2X normal) or PTT (> 10 seconds above normal range)

SUGGESTED PREVISIT WORKUP

Call Pediatric Hematology

Detailed bleeding History includes:

Any surgeries

Detal procedures

Circumcision history for boys

Menstrual history for girls

Joint bleeding

FAMILY HISTORY: Von Willebrand's

Bleeding complications with Surgery

Abnormal menstrual bleeding

History of miscarriages

LABS: CBC, INR, PTT

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Persistent or progressive bleeding manifestations (epistaxis, easy bruising, menorrhagia)

EXAM: Ecchymosis in non-traumatic areas

FAMILY HISTORY: Bleeding issues in the past, Von Willebrand's

LABS: Mild thrombocytopenia, mild elevation of INR or PTT, low VWF antigen and/or activity (if performed)

SUGGESTED WORKUP

Referral encouraged

There may be indication for additional testing prior to any referral that can be discussed with pediatric hematology:

Von Willebrand's antigen levels

Factor levels best sent by pediatric hematology unless it is emergent

Specialized lab testing may be necessary as part of a work up

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

SYMPTOMS/HISTORY: Bleeding is mild, intermittent, not spontaneous, non-progressive

EXAM: No active bleeding, no petechiae, ecchymoses limited to areas of trauma, no liver or spleen enlargement

LABS: Normal CBC, INR, PTT

SUGGESTED MANAGEMENT

High Risk - Pediatric Hematology will help determine etiology and management

Moderate Risk - Findings may suggest underlying bleeding disorder. Pediatric Hematology will help to determine etiology and management. There may be indications for additional testing prior to referral (ie vWD panel)

Low Risk - Consider referral if bleeding manifestations are progressive or change in nature

CLINICAL PEARLS

- If highly concerned for Hemophilia and any concern for head trauma call ASAP and may need:
 - Factor (which type may be determined if family history or may also give Activated factor 7)
 - Head CT

Maine Medical
PARTNERS