

WEST MICHIGAN REGIONAL PROTOCOL

HEMORRHAGE (NON-TRAUMATIC) PROTOCOL

Number: II.C.9.
Date: 6/29/00
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Purpose: To provide a process for the assessment and management of the patient hemorrhaging from non-traumatic causes.

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I. Assessment Information

A. History:

1. Past Medical History:
 - a. Gastro-Intestinal Symptoms:
 - 1) Ulcers, cancer, Crohn's disease, diverticulitis, history of GI bleed, known bleeding disorder
 - b. Gynecological Complaints:
 - 1) Pregnancy history, previous pregnancy problems, known gynecological problem, abdominal trauma
 - c. Nose bleeds
 - 1) History of nosebleeds, hypertension, known bleeding disorder, trauma
2. Current History:
 - a. Gastro-Intestinal Symptoms: abdominal pain, nausea, vomiting, coffee ground emesis, black tarry stools, syncope, light-headedness, orthostatic symptoms
 - b. Gynecological Complaints:
 - 1) History of current pregnancy, last menses or gestational age (weeks); or estimated date of confinement (delivery date); date delivered if postpartum, fetal movement
 - 2) Bleeding: duration, amount, bleeding disorders
 - 3) Abdominal trauma or alleged sexual assault: see (Alleged) Sexual Assault Policy.

B. Specific Objective Findings:

1. Vital signs:
 - a. Tachycardia
 - b. Hypotension
 - c. Skin temp, moisture, and color
 - d. Level of consciousness
2. Abdominal tenderness
3. Character of stool/vomit
4. Vaginal bleeding present, character

II. Management

- A. Utilize universal precautions.
- B. Establish and maintain airway, provide oxygen and support ventilation as needed.
- C. Transport
- D. For patient with evidence of GI Bleeding;
 1. With vital signs stable:
 - a. Obtain vascular access.
 2. If vital signs are unstable, refer to Non-Cardiogenic Shock Protocol.
- E. If vaginal bleeding and pregnant, place in left lateral recumbent position
 1. Obtain vascular access.
- F. If vaginal bleeding and signs of shock refer to Non-Cardiogenic Shock Protocol.
- G. If vaginal bleeding and no signs of shock (not pregnant)
 1. Consider vascular access.
- H. If active nasal bleeding
 1. Have the patient blow nose to remove any remaining clots
 2. Instill two sprays of vasoconstricting nasal spray in each nostril
 3. Have the patient pinch both nostrils together across the distal nasal septum and compress during transport
 4. Consider vascular access

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CONTACT MEDICAL CONTROL

I. **Possible orders post radio contact:**

1. Additional IV fluids

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III. **Special Considerations**

- A. Products of conception passed by patient with vaginal bleeding should be brought to Emergency Department

5/25/98
9/28/99
6/29/00