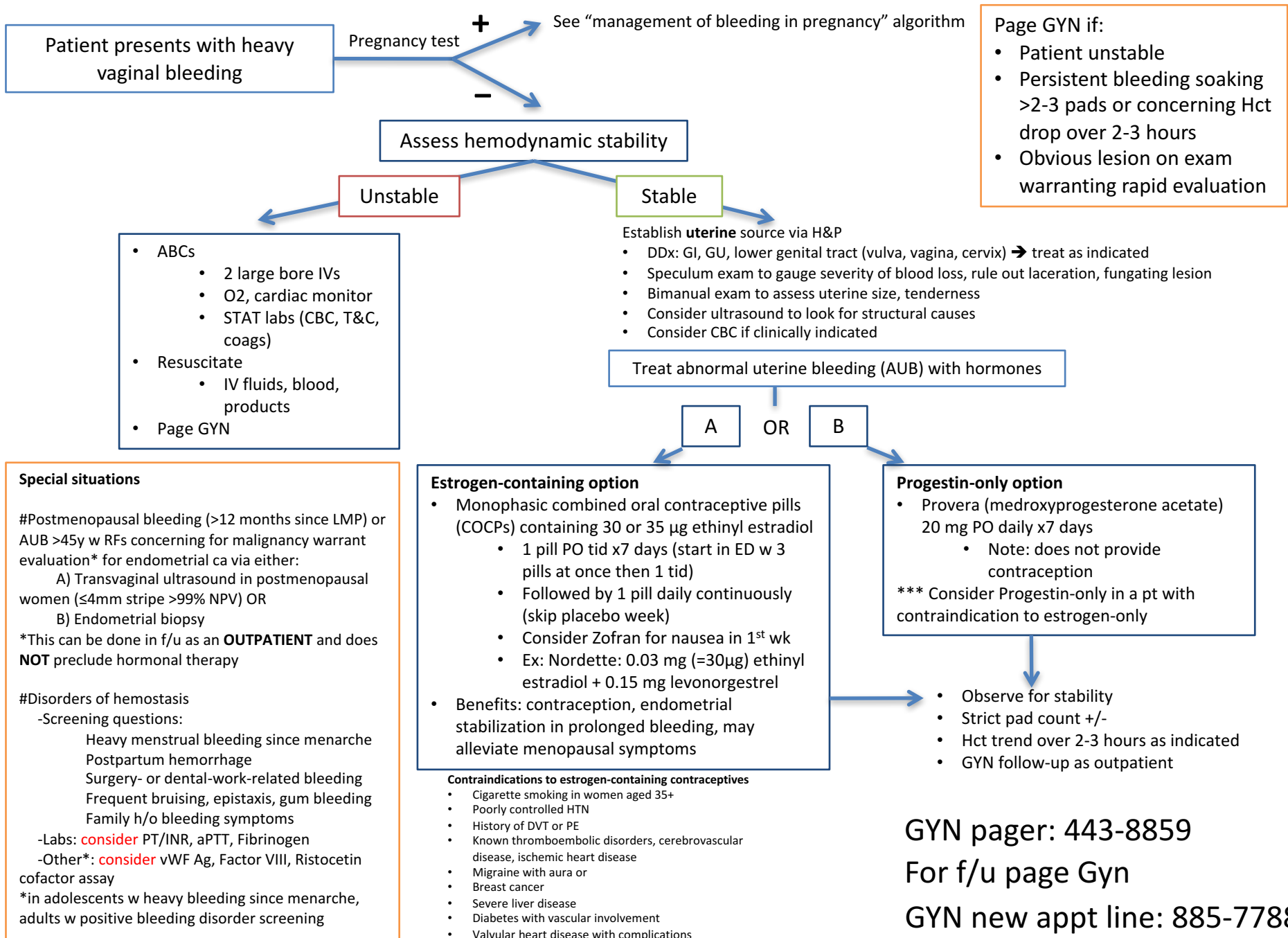


Management of vaginal bleeding in the non-pregnant patient in the Emergency Department



Page GYN if:

- Patient unstable
- Persistent bleeding soaking >2-3 pads or concerning Hct drop over 2-3 hours
- Obvious lesion on exam warranting rapid evaluation

- ABCs
 - 2 large bore IVs
 - O2, cardiac monitor
 - STAT labs (CBC, T&C, coags)
- Resuscitate
 - IV fluids, blood, products
- Page GYN

Special situations

#Postmenopausal bleeding (>12 months since LMP) or AUB >45y w RFs concerning for malignancy warrant evaluation* for endometrial ca via either:

A) Transvaginal ultrasound in postmenopausal women (≤4mm stripe >99% NPV) OR

B) Endometrial biopsy

*This can be done in f/u as an **OUTPATIENT** and does **NOT** preclude hormonal therapy

#Disorders of hemostasis

-Screening questions:

Heavy menstrual bleeding since menarche

Postpartum hemorrhage

Surgery- or dental-work-related bleeding

Frequent bruising, epistaxis, gum bleeding

Family h/o bleeding symptoms

-Labs: **consider** PT/INR, aPTT, Fibrinogen

-Other*: **consider** vWF Ag, Factor VIII, Ristocetin cofactor assay

*in adolescents w heavy bleeding since menarche, adults w positive bleeding disorder screening

Estrogen-containing option

- Monophasic combined oral contraceptive pills (COCPs) containing 30 or 35 µg ethinyl estradiol
 - 1 pill PO tid x7 days (start in ED w 3 pills at once then 1 tid)
 - Followed by 1 pill daily continuously (skip placebo week)
 - Consider Zofran for nausea in 1st wk
 - Ex: Nordette: 0.03 mg (=30µg) ethinyl estradiol + 0.15 mg levonorgestrel
- Benefits: contraception, endometrial stabilization in prolonged bleeding, may alleviate menopausal symptoms

- Contraindications to estrogen-containing contraceptives**
- Cigarette smoking in women aged 35+
 - Poorly controlled HTN
 - History of DVT or PE
 - Known thromboembolic disorders, cerebrovascular disease, ischemic heart disease
 - Migraine with aura or
 - Breast cancer
 - Severe liver disease
 - Diabetes with vascular involvement
 - Valvular heart disease with complications

Progestin-only option

- Provera (medroxyprogesterone acetate) 20 mg PO daily x7 days
 - Note: does not provide contraception
- *** Consider Progestin-only in a pt with contraindication to estrogen-only

- Observe for stability
- Strict pad count +/-
- Hct trend over 2-3 hours as indicated
- GYN follow-up as outpatient

GYN pager: 443-8859

For f/u page Gyn

GYN new appt line: 885-7788