

PATHWAY FOR ADULT PATIENTS WITH INHERITED BLEEDING DISORDERS ATTENDING THE ED

This group of patients are at increased risk of **fatal** bleeding :

ALWAYS CONTACT THE HAEMOPHILIA TEAM

4 Ts: TRIAGE PROMPTLY, THINK BLEED, TREAT FIRST, TELEPHONE HAEMATOLOGY

Patient self-identifies with bleeding disorder

Check

- Bleeding card
- Medical Emergency Alert on phone
- Haemophilia notes/letters/summaries if available



Record:

- Nature of injury/complaint
- Weight, Blood pressure, heart rate, GCS
- Type of bleeding disorder, severity, usual treatment
- Have they self treated?
 - What treatment have they given, how much and when?



CALL OXFORD HAEMOPHILIA TEAM IMMEDIATELY



Monday to Friday 09.00 – 17.00

- Haemophilia Centre Reception 01865 225316
- Haemostasis registrar Bleep 5529
- Haemophilia Nurses Bleep 5064

Weekends, out of hours and Public Holidays

- Ask JR switchboard for Haematology registrar on call **0300 304 7777**

General notes:

- Bleeding disorders affect men and women including Haemophilia A and B
- Always consider bleeding as a cause for the patient's symptoms
- Bleeding disorders include Haemophilia A and B, Von Willebrand's disease, Factor deficiencies, platelet function defects and bleeding disorders of unknown cause (BDUC)
- Full blood counts and clotting screens can be normal in patients with bleeding disorders
- Early bleeding in head, spine, abdomen or pelvis may not be clinically obvious
- General rule of thumb: treat first, then investigate
- Avoid Aspirin, NSAIDs or IM injections
- Consider compartment syndrome in patients with limb symptoms
- **Any head injury or deterioration in consciousness requires an urgent scan and ED consultant review**

NON-BLEEDING EMERGENCY

Patient may require coagulation factor replacement before invasive procedure e.g.

- Arterial blood gas
- Lumbar puncture
- Catheter
- Biopsy
- Bronchoscopy



BLEED OR INJURY

(TREAT FIRST, DO NOT AWAIT DIAGNOSTIC TESTS)

Life threatening bleeding

(immediate treatment within 30 minutes)

- Intracranial bleed
- Neck/throat injury-airway compromise
- Any bleeding with haemodynamic compromise
- Compartment syndrome
- Significant trauma

Severe Bleeding

(treatment within 30-60 minutes)

- Joint muscle bleeding
 - POLICE (Protection, Optimal Loading, Ice, Compression, Elevation)
 - Provide appropriate walking aids if appropriate
 - Support Shoulder/elbow if needed
 - Analgesia (not NSAIDs or IM medication)
- Acute abdomen
- Severe epistaxis
- Frank GI bleeding or haematuria

Minor bleeding

(treatment within 2 hours)

Resuscitate patient (initiate major haemorrhage protocol if required)

Treat as per haematology advice

Topical/local measures

Tranexamic acid 1g IV/PO (unless haematuria)

Coagulation factor replacement (can be obtained from blood bank) after authorization from haematology

If IV/SC DDAVP required: obtain from pharmacy

Review by Haemophilia Team /Haematology Team

Then either:

- **Refer** to other speciality for admission under joint care for further diagnostic tests and treatment/ transfer to OUH if required
- **Or Discharge** with haematology/haemophilia follow up. Provide walking aids if required, Tranexamic acid and analgesia.

Contact details for Haemophilia Team

Oxford

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 - Haemophilia Nurses Bleep 5064
- Weekends, out of hours and Public Holidays
 - Ask OUH switchboard 0300 304 7777 for Haematology registrar on call
 - If no answer: ask switchboard for 'Adult Haematology Clotting Consultant' via mobile

Contact details for Haematology and Haemophilia Contacts:

on call Haematology SpRs /on call Consultant Haematologists available through switchboard

Northampton General Hospital

- Lead Consultant: Dr Mike Joffe
- Switchboard: **01604 634700**

Milton Keynes

- Lead Consultant: Dr Sarah Davis
- Switchboard: **01908 660033**

Gloucester and Cheltenham

- Lead Clinician: Rory Mcculloch
- Switchboard: **0300 422 2222**

Royal Berkshire Hospital

- Lead Consultant : Dr Stephen Booth
- Switchboard: **0118 322 5111**

Wexham Park Hospital

- Lead Consultants : Dr Nicola Philpott/ Dr John Willan
- Switchboard: **0300 614 5000**

Stoke Mandeville Hospital

- Lead Clinician: Dr Renu Riat
- Switchboard: **01296 315000**

Great Western Hospital

- Lead Clinician: Dr Claire Davies
- Switchboard: **01793 604020**

Factor replacement

Please note:

Emergency supplies of Factor for treatment is usually kept in Blood Bank in the Hospital.

Regional hospitals carry limited stock and may not have access to all factor replacement therapies

Patients may be instructed to bring in their own supply of factor if their local blood bank does not stock their usual treatment: please use this if required and do not delay (NB: This is the case for many patients in Swindon)

DDAVP can be obtained via pharmacy

Prothrombin Complex Concentrate is usually accessed via blood bank: please refer to local protocol.

SD-FFP or Octoplas /FFP/Platelets are obtained through blood bank

IVIg is obtained through pharmacy: please refer to local protocol