Oxford University Hospitals NHS
NHS Foundation Trust

PATHWAY FOR ADULT PATIENTS WITH INHERITED BLEEDING DISORDERS ATTENDING ED

PLEASE CONTACT HAEMOPHILIA TEAM FOR ALL PATIENTS WITH BLEEDING DISORDERS

GENERAL CLINICAL ADVICE:

- Always consider bleeding as a cause for the patient's symptoms
- 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
- Discuss with haematology if considering: arterial blood sampling; lumbar puncture; other invasive procedure
- Consider compartment syndrome in patients with limb bleeding

THINGS TO ASK:

- Disease type: haemophilia A, haemophilia B, von Willebrands, or something rarer
- Severity of disease
- What is their normal treatment (**see their 'bleeding card'**)
- Patient's weight
- Patients with severe bleeding disorders can generally self-treat, ask when they last had treatment

WHEN TO TREAT: PLEASE DISCUSS ALL TREATMENT WITH HAEMATOLOGY

Life-saving treatment (immediate treatment)	Urgent treatment (30-60 mins)	Prophylactic treatment
Major bleeding, including life or limb threatening bleeding Head injury Significant trauma	All other bleeding, including: Joint & muscle bleeds Significant epistaxis Acute abdomen	Patients may require cover for invasive procedures e.g. urinary catheter; arterial blood sampling; lumbar puncture; bronchoscopy

HOW TO TREAT:

- Clotting factor concentrate and other treatments are available from JR blood bank
- Use must be authorised by the Haematology SpR or Consultant

Oxford Haemophilia &Thrombosis Centre Contacts for adult patients:

Monday to Friday 09.00 – 17.00		**Weekends, out of hours and Public Holidays**
Reception	**01865 225316**	**Ask switchboard for Haematology registrar on call**
Haemostasis registrar	**Bleep 5529**	
Haemophilia Nurses	**Bleep 5064**	