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
- Detail 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

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

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

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)
- Head CT

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.