EmergencyKT: Vaginal Bleeding

H&P
Pelvic Exam
β-HCG

β-HCG Negative?

No → Ectopic Pathway

Yes

Patient Hemodynamically stable?

No → - CBC, EP-1, T&S, +/-TEG, Coags, VBG
- GYN consultation
- Transfuse accordingly
- IV Premarin 25 mg IV q 4h (unless contraindicated)
- Uterine Foley

Yes

Patient Pre-Menopausal?

No → - CBC
- GYN consultation
- TV U/S to evaluate endometrial thickness

Yes

CBC

Consider:
- TSH, T4
- Coags
- TV U/S

Patient Anemic?

No

Yes

- T&S
- Coags
- GYN consultation
Consider:
- TV U/S to evaluate for structural lesion
- RDTC admission for transfusion

Structural Lesion or Systemic Process Suspected?

No

Yes

Arrange close follow-up with OB/Gyn or Medicine

Yes

*If clinical signs or symptoms of thyroid dysfunction present
*If family history of bleeding disorder or personal history suggestive of bleeding disorder
*If large uterus palpable or adnexal fullness

- CBC, EP-1, T&S, +/-TEG, Coags, VBG
- GYN consultation
- Transfuse accordingly
- IV Premarin 25 mg IV q 4h (unless contraindicated)
- Uterine Foley

- Routine Follow-up
- Anovulatory bleeding
  - OCPs
    - Loestrin, Junel, Microgestin (1.5/30)
    - 4 tabs x 7 days or 4x4, 3x3, 2x2, 1 daily until finished
  - Provera 10mg x 10 days
- Ovulatory bleeding
  - NSAIDs
    - Naproxen 500mg BID
    - Ibuprofen 400mg QID
  - TXA (Lysteda) 650mg q8h x 3 days
  - OCPs (see above)
  - If unsure
    - TXA or NSAIDs