



Bleeds: What to Look For, What to Do

Hemorrhages or “bleeds” in people with a bleeding disorder may be the result of injury or without any known cause (spontaneous)

Type	Typical Location	Symptoms	Usual Treatment (always check with your medical provider for specific instructions)
MUSCLES	Any muscle group may be affected – areas of extra concern are: buttock, forearm, calf, thigh, iliopsoas or abdominal muscle	<ul style="list-style-type: none"> • Heat • Swelling • Pain 	<ol style="list-style-type: none"> 1. Rest and icing can be helpful 2. If there’s warmth, pain or swelling treat with a routine dose of factor 3. Large muscles such as abdominal or iliopsoas should be treated with a major dose of factor and warrant an emergency hematology consultation, may require hospital admission (see more on these muscles below)
ILIOPSOAS MUSCLE	Thigh/hip/groin area	<ul style="list-style-type: none"> • Pain in lower abdomen, groin area, lower back or flank (front thigh) • Difficult or painful to straighten leg • Numbness or tingling in quads • Toe walking • Frog leg position with hip flexed outward 	<ol style="list-style-type: none"> 1. Requires aggressive factor treatment and close monitoring 2. May require hospital admission <p><i>*Large amounts of blood can be lost in this muscle group with little or no swelling</i></p>
ABDOMINAL MUSCLE	Stomach Intestine Kidney Bladder	<ul style="list-style-type: none"> • Back/stomach pain • Red or reddish brown urine • Painful urination • Bloody/ black stool • Vomit blood (may look like coffee grounds) • Appears pale • Hunches over, painful to straighten 	<ol style="list-style-type: none"> 1. Requires aggressive factor treatment and close monitoring 2. May require hospital admission <p><i>*Large amounts of blood can be lost in this muscle group with little or no swelling</i></p>



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COMPARTMENT SYNDROME: may occur when pressure within the bleeding muscle builds to dangerous levels	Forearm, calf, thigh	<ul style="list-style-type: none"> • Intense pain, tingling or burning, tightness, numbness • If left untreated, can result in muscle or nerve damage 	<ol style="list-style-type: none"> 1. Requires aggressive factor treatment and close monitoring 2. May require hospital admission
JOINTS	Most common: ankle, knee, elbow Less common: hip, shoulder, fingers & toes	Early symptoms: <ul style="list-style-type: none"> • Tingling • Pain • Limited range of motion Advanced symptoms: <ul style="list-style-type: none"> • Pain • Heat • Swelling • Decreased range of motion 	<ol style="list-style-type: none"> 1. Factor treatment is needed for all joint bleeds 2. Do not take a “wait and see” approach - optimal time to treat with a routine dose of factor is when you see early symptoms 3. Advanced joint bleeds require a major dose of factor 4. Infuse before any diagnostic procedure such as an x-ray 5. Use RICE – rest, ice, compression, elevation – for 24 hours 6. Use assistance devices such as sling, splints, crutches or wheelchair as needed
SOFT TISSUE	May appear anywhere	<ul style="list-style-type: none"> • Bruises • Hematoma (raised bruise) 	<ol style="list-style-type: none"> 1. Usually do not need treatment if they don’t threaten function or mobility 2. Parents have found it helpful to draw a circle around bruising so they can monitor 3. Green and yellow is good – that means the blood is breaking down or absorbing back into the body
HEAD		<ul style="list-style-type: none"> • Headache • Confusion • Dizziness • Irritability • Nausea / Vomiting • Unusual Sleepiness • Dilated pupils • Seizures 	<ul style="list-style-type: none"> • TREAT ALL HEAD INJURIES WITH A MAJOR DOSE OF FACTOR, regardless of whether there are outward signs such as bumps or swelling • Treat BEFORE any diagnostic testing such as a CT scan • Hospital admission may be required for observation • If symptoms are present without any known trauma, contact your medical provider for instructions <p><i>* If your child falls and hits his/her head, please do not ask well-meaning friends and family what you should do – this is too important to take chances, your first call should be to a medical provider</i></p>

For questions urgent or otherwise, call your Hemophilia Treatment Center or **Hematologist**

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THROAT/NECK		<ul style="list-style-type: none"> • Swelling • Difficulty in breathing • Drainage down throat • Coughing up blood 	<p><i>WHAT TO KNOW...</i></p> <ul style="list-style-type: none"> • Bruising in the mouth or under the tongue can spread down into the neck and block the airway • Tonsillitis or “strep throat” can cause throat bleeding • Severe coughing spells or vomiting can cause bleeding • Injury to the neck area can cause bleeding, which can result in a blocked airway <p><i>WHAT TO DO...</i></p> <ul style="list-style-type: none"> • All swelling in this area should be considered to be the result of bleeding unless proven otherwise – call your medical provider
NOSE	Nasal cavity	<ul style="list-style-type: none"> • Bleeding • Loose clots 	<ol style="list-style-type: none"> 1. Gently blow nose to remove mucous and unstable clots 2. Position sitting straight, head forward so blood flows out and not down the back of throat 3. Apply firm pressure to entire side of the nose for 15 minutes. If bleeding persists, apply pressure for another 5 minutes. 4. May need a routine dose of factor or anti-fibrinolytic agent (Amicar) 5. Use Vaseline in the nostrils to keep membranes soft <p><i>* Excessive and chronic nose bleeding may warrant an ENT consult and possible cauterization of the blood vessel</i></p>
MOUTH	<p>Torn frenulum</p> <p>Tongue laceration</p> <p>Teeth – loose or erupting teeth may lacerate socket</p>	<ul style="list-style-type: none"> • Bleeding • Loose clots 	<ol style="list-style-type: none"> 1. Apply ice/gauze compress with firm pressure for 15-20 minutes 2. A wet tea bag can be applied around a tooth 3. Encourage spitting out blood rather than swallowing 4. If no response to ice/gauze compression, contact medical provider for instruction 5. May need to treat with factor and/or anti-fibrinolytic agent (Amicar) 6. Clots break down on days 3-5 and bleeding may start again 7. A MAJOR DOSE OF FACTOR SHOULD BE GIVEN IF AIRWAY BLOCKAGE IS SUSPECTED <p><i>* Children should avoid using straws during a mouth bleed as the sucking may dislodge clots. Avoid or limit highly acidic juices and carbonated beverages</i></p>



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OTHER	Gastrointestinal	<ul style="list-style-type: none"> • Abdominal pain • Apparent mass and/or rigidity in abdominal area • Lowered hemoglobin levels 	<ol style="list-style-type: none"> 1. Call your medical provider - may need major factor dose and examination 2. Treat before all diagnostic testing (x-rays, scans, endoscopy)
	Urinary	<ul style="list-style-type: none"> • Hematuria – blood in the urine 	<ol style="list-style-type: none"> 1. Can be frightening, but is usually not a serious event. 2. Bed rest and lots of fluids for 24 hours 3. If it persists, may need a routine dose of factor