Randall Children's Hospital

Co-Management and Referral Guidelines

Evaluating the Child with a History of Excessive Bleeding or a Family History of a Bleeding Disorder

Randall Children's Cancer and Blood Disorders Program

A department of Legacy Emanuel Medical Center

Introduction

- Mild bleeding symptoms are very common in healthy populations.
- A complaint of easy bruising or mild bleeding may not require evaluation unless there are concerning historical elements.
- There are numerous inherited disorders that can cause abnormal bleeding and bruising, including platelet function disorders, quantitative platelet disorders, factor deficiencies and factor inhibitors.
- Classic hemophilia is X-linked, found in males.
- Von Willebrand disease (vWD) is the most common inherited bleeding disorder, usually autosomal dominant, but it has variable penetrance and severity varies even within the same family.
- There are also diseases that affect the connective tissue and integrity of the blood vessel, making the skin bruise more easily and vessels more prone to bleed.
- Discriminating between inherited vs. acquired or minor vs. high-risk bleeding takes time and, often, serial blood draws.

Evaluation and Management

Elicit history regarding patient and/or affected family member

Epistaxis (number of events per year and typical duration), bruises (size, association with trauma, involvement of the soft tissue [hematoma]), bleeding in the mouth (with tooth loss, dental work, brushing), menorrhagia, post-partum hemorrhage, petechiae, history of blood transfusion

Labs to consider

PT/INR, aPTT, 1:1 mixing study of either PT or aPTT if either is abnormal; platelet count; von Willebrand panel and ABO blood type. Call for phone consultation if any abnormalities, 503-276-9300.

Management while awaiting appointment

Stop NSAIDs, ibuprofen and aspirin if appropriate. Control menses with hormonal suppression.

When to refer

Urgent (one to two days)

• Active GI/GU bleeding, epistaxis > 20 min, deep muscle bleeding, post-circumcision bleeding

Within two weeks

• Daily epistaxis, menorrhagia with a family history of a bleeding disorder

Within one month

• Pre-op work-up, bruising with a family history of a bleeding disorder

PCP management with phone consult

• Asymptomatic girls until menarche with a family history of von Willebrand disease

(continued)

Phone: **503-276-9300**

Fax: 503-276-9351



Referral process

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Phone: **503-276-9300** or toll-free **877-KIDS-ONC/877-543-7663**

Fax: 503-276-9351

For urgent referrals, call Legacy One Call Consult & Transfer: 1-800-500-9111 to speak with the

on-call pediatric hematologist/oncologist.

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Find this and other co-management/referral guidelines online at: www.legacyhealth.org/randallguidelines

