

Oxford Haemophilia and Thrombosis Centre Adult Service

Emergency Department Pathway for patients with bleeding disorders

This group of patients are at increased risk of fatal bleeding:

ALWAYS CONTACT THE HAEMOPHILIA TEAM: JOHN RADCLIFFE SWITCHBOARD

4 Ts:

TRIAGE PROMPTLY

THINK BLEED

TREAT FIRST

TELEPHONE HAEMATOLOGY LOCALLY ON CALL VIA SWITCHBOARD

General notes:

Bleeding disorders affect men and women including Haemophilia A and B

Always consider bleeding as a cause for the patient's symptoms

Bleeding disorders include Haemophilia A and B, Von Willebrand's disease, Factor deficiencies, platelet function defects and bleeding disorders of unknown cause (BDUC)

Full blood counts and clotting screens can be normal in patients with bleeding disorders

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

Consider compartment syndrome in patients with limb symptoms

Any head injury or deterioration in consciousness requires an urgent scan and ED consultant review

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Step 1:

If a patient self-identifies with bleeding disorder

Check their:

- Bleeding card
- Medical Emergency Alert on phone
- Haemophilia notes/letters/summaries if available

Step 2:

Record:

- The Nature of injury/complaint
- Weight, Blood pressure, heart rate, GCS
- Type of bleeding disorder, severity, usual treatment
- Have they self-treated?
- What treatment have they given, how much and when?

Step 3:

CALL OXFORD HAEMOPHILIA TEAM IMMEDIATELY

Monday to Friday 09.00 – 17.00

Haemophilia Centre Reception 01865 225316

Haemostasis registrar Bleep 5529

Haemophilia Nurses Bleep 7233

Weekends, out of hours and Public Holidays

Ask JR switchboard for Haematology registrar on call : 0300 304 7777

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Step 4:

For a NON-BLEEDING EMERGENCY

The patient may require coagulation factor replacement before an invasive procedure

e.g.

Arterial blood gas

Lumbar puncture

Catheter

Biopsy

Bronchoscopy

FOR A BLEED OR INJURY

TREAT FIRST, DO NOT AWAIT DIAGNOSTIC TESTS

Resuscitate patient (initiate major haemorrhage protocol if required)

Treat as per haematology advice

Use Topical/local measures

Tranexamic acid 1g IV/PO (unless haematuria)

Coagulation factor replacement (can be obtained from blood bank) after authorization from haematology

If IV/SC DDAVP required: obtain from pharmacy

Life threatening bleeding

- Give immediate treatment within 30 minutes
- Examples are:

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- Intracranial bleed
- Neck/throat injury-airway compromise
- Any bleeding with haemodynamic compromise
- Compartment syndrome
- Significant trauma

Severe Bleeding

Give treatment within 30-60 minutes

Examples are:

- Joint muscle bleeding
 - Provide: POLICE (Protection, Optimal Loading, Ice, Compression, Elevation)
 - Provide appropriate walking aids if appropriate
 - Support Shoulder/elbow if needed
 - Analgesia (not NSAIDS or IM medication)

- Acute abdomen
- Severe epistaxis
- Frank GI bleeding or haematuria

Minor bleeding

Give treatment within 2 hours

Step 5:

Review by Haemophilia Team /Haematology Team

Then either:

Refer to other specialty for admission under joint care for further diagnostic tests and treatment/ transfer to OUH if required

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Or Discharge with hematology/haemophilia follow up. Provide walking aids if required, Tranexamic acid and analgesia.

Contact details for Haemophilia Team

Oxford

Monday to Friday 09.00 – 17.00

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Weekends, out of hours and Public Holidays

Ask OUH switchboard 0300 304 7777 for Haematology registrar on call

If no answer: ask switchboard for 'Adult Haematology Clotting Consultant' via mobile

Contact details for Shared Care District General Haematology and Haemophilia Contacts:

On call Haematology SpRs /on call Consultant Haematologists available through switchboard

Northampton General Hospital

Lead Consultant: Dr Mike Joffe

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Switchboard: 01604 634700

Milton Keynes

Lead Consultant: Dr Sarah Davis

Switchboard: 01908 660033

Gloucester and Cheltenham

Lead Clinician: Rory Mcculloch

Switchboard: 0300 422 2222

Royal Berkshire Hospital

Lead Consultant : Dr Stephen Booth

Switchboard: 0118 322 5111

Wexham Park Hospital

Lead Consultants : Dr Nicola Philpott/ Dr John Willan

Switchboard: 0300 614 5000

Stoke Mandeville Hospital

Lead Clinician: Dr Renu Riat

Switchboard: 01296 315000

Great Western Hospital

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Lead Clinician: Dr Claire Davies

Switchboard: 01793 604020

Factor replacement and treatments

Please note:

Emergency supplies of Factor for treatment is usually kept in Blood Bank in the Hospital.

Regional hospitals carry limited stock and may not have access to all factor replacement therapies.

Patients may be instructed to bring in their own supply of factor if their local blood bank does not stock their usual treatment: please use this if required and do not delay (NB: This is the case for many patients in Swindon)

DDAVP can be obtained via pharmacy.

Prothrombin Complex Concentrate is usually accessed via blood bank: please refer to local protocol.

SD-FFP or OctaplasLG /FFP/Platelets are obtained through blood bank.

IVIg is obtained through pharmacy: please refer to local protocol.

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