

Inclusion criteria:

Any of the following:

- Volume equates to saturating a heavy absorbance pad/tampon more frequently than every 2 hours
- Excessive menstrual flow in duration of ≥ 7 days
- Bleeding is causing symptomatic anemia or lifestyle disturbance
- Bleeding unlikely to be due to ongoing contraception

Exclusion criteria:

- Hormonal bleeding with contraception
- Pregnancy
- Trauma
- Sexual assault
- Genital injury
- Known bleeding disorders

Bleeding Disorder Risk Assessment Checklist*:

Has the pt experienced any of the following:

1. Duration of menses ≥ 7 days?
2. Sensation of flooding or gushing during menses?
3. Need to change menstrual product more frequently than every 2 hours?
4. Impairment of daily activities due to heavy bleeding?
5. Prolonged bleeding with first menses (≥ 7 days)?
6. History of excessive bleeding with tooth extraction or surgery?
7. If history of pregnancy, experienced excessive bleeding following delivery or miscarriage?
8. History of blood transfusion or medication for anemia due to menstrual bleeding?
9. Family history of a diagnosed bleeding disorder?

Discuss findings with Hematology/Inpatient Coagulation.

*Adapted from The American College of Obstetrics and Gynecology screening tool

QR code for mobile view



Pubertal pt presents with concern for previously untreated heavy menstrual bleeding

Is pt hemodynamically unstable?

Yes

- Emergent management of shock which may require admission to ICU
- Consult Hematology and GYN for treatment options
- Additional management is off guideline

No

Baseline lab investigation if not previously done:

- CBC
- Type and screen
- Pregnancy test (urine)
- PT/aPTT
- Fibrinogen
- STI screening

Radiologic Investigation:

- Consider pelvic ultrasound

Pelvic ultrasound:

Discuss with GYN the need for pelvic ultrasound to exclude structural causes

Complete Bleeding Disorder Risk Assessment Checklist if not previously done

- Consult GYN
- Consult Hematology/Inpatient Coagulation

- Nursing order for quantitative blood loss with pad weight

Inpatient Treatment

Primary Choice:

- Tranexamic acid (Lysteda) unless contraindicated

AND/OR

Secondary Choice:

- [Hormonal treatment options](#) in conjunction with gynecology. ([IV Premarin pathway](#))

Tranexamic acid contraindications:

- Hypersensitivity to tranexamic acid
- Active clotting
- History of clotting
- Urinary tract bleeding
- Renal impairment
- Vascular disease

Has bleeding slowed?

No

GYN re-evaluation for consideration of [IV Premarin](#) (If not already started)
OR oral hormonal therapy (oral contraceptive therapy or Progestin-Only)

Yes

Discharge pt

- Patient education (found in Epic Education)
- Follow-up with GYN within 2 months
- Follow-up with primary care provider within 2 weeks
- Contact hematology and place clinic referral for follow-up