

- Venipuncture site
- Surgical incision

Bleeding from umbilicus, trachea (newborn)

Evidence of gastrointestinal (GI) bleeding

Hypotension

Organ dysfunction from infarction and ischemia

## **Therapeutic Management**

Treatment of DIC is directed toward control of the underlying or initiating cause, which in most instances stops the coagulation problem spontaneously. Platelets and fresh-frozen plasma may be needed to replace lost plasma components, especially in children whose underlying disease remains uncontrolled. Extremely ill newborn infants may require exchange transfusion with fresh blood. The administration of IV heparin to inhibit thrombin formation is most often restricted to patients who have no response to treatment of the underlying disease or replacement of coagulation factors and platelets.

## **Nursing Care Management**

The goals of nursing care are to be aware of the possibility of DIC in severely ill children and to recognize signs that might indicate its presence. The skills needed to monitor IV infusion and blood transfusions and to administer heparin are the same as for any child receiving these therapies. (See [Chapter 17](#) for care of children with life-threatening illnesses.)

## **Epistaxis (Nosebleeding)**

Isolated and transient episodes of epistaxis, or nosebleeding, are common in childhood. The nose, especially the septum, is a highly vascular structure, and bleeding usually results from direct trauma, including blows to the nose, foreign bodies, and nose picking, or