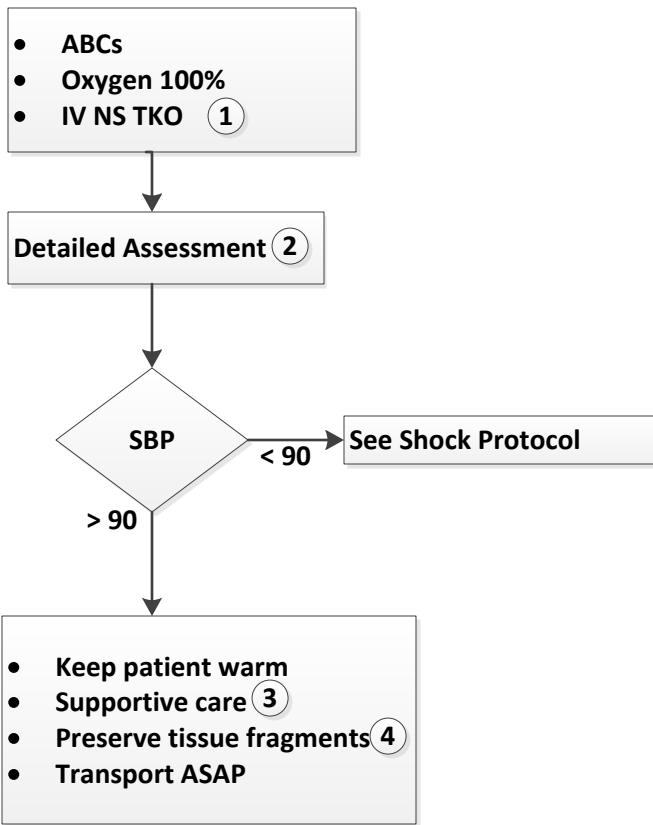


Vaginal Bleeding



Causes of Abnormal Vaginal Bleeding;

1. Premenarcheal vaginal bleeding

- * Menarche
- * Tumor (vaginal, uterine)
- * Genital Trauma
- * Foreign Body
- * Precocious puberty
- * Hematuria
- * Miscellaneous

2. Reproductive age bleeding

- * Variations of normal cycle
- * Hypermenorrhea (excessive bleeding at time of period)
- * Polymenorrhea (menstrual periods < 21 days apart)
- * Metorrhagia (including ectopic)
 - Abortion
 - Pregnancy (including ectopic)
 - Endocrine abnormality (idiopathic, estrogens, thyroid)
 - Salpingitis
 - Cervicitis
 - Coagulopathy (factor VIII deficiency)
 - Malignant neoplasm or polyps (cervical, vaginal, uterine)
 - Ovarian cyst
 - Myoma of uterus
 - Trophoblastic tumor
 - Miscellaneous (mittelschmerz)

3. Postmenopausal bleeding

- * Carcinoma (cervical, uterine)
- * Estrogen excess
- * Atrophic vaginitis
- * Cervical polyps
- * Trauma
- * Miscellaneous

1. Large – bore IV. If bleeding is significant start a second IV and adjust IV flow rate to patient condition. If hypotensive, give a fluid bolus of 250 – 500 mL NS, repeat as needed.
2. Volume and duration of bleeding. Number of tampons or pads changed over the last 12 to 24 hours. Last menstrual period (LMP). Has patient missed a menstrual period. List G/P/A (gravida- number of pregnancies, para – number of live births, abortions- number of spontaneous or induced). Ask about fever and chills. Describe pain, onset and duration, quality, radiation, and number on 1 to 10 pain scale.
3. If possibility of assault exists maintain chain of evidence and, if possible, have a female attendant in the patient care area
4. Collect tissue fragments and blood if present.