

ED PATHWAY FOR EVALUATION & TREATMENT OF PATIENT WITH HEAVY MENSTUAL BLEEDING (HMB)

Patient presents with any of the following:

- Bleeding greater than 7 days
- Filling of 1 pad or 1 tampon every 1 to 2 hours
- Excessive bleeding compared to patient's usual menses

Order Investigations:

CBC, β HCG, ferritin, Group and Screen, INR, PTT

**pelvic u/s and additional coagulopathy testing not required in initial workup*

Negative β HCG

☐ Hb greater than 120

Acute HMB: MILD

Observation / reassurance

Consider:

- Rx for oral Fe supplementation
- Rx for oral tranexamic acid
- Rx for **continuous** COC
- Oral anti-emetic (Gravol®, ondansetron, metoclopramide) 2 hours before OCP dose
- Follow up with GP or outpatient referral to gynecology
- Give menstrual calendar to patient on discharge

☐ Hb 100 to 120

Acute HMB: MODERATE

- Assess volume status, consider fluid replacement
- Oral NSAIDS
- Rx for oral Fe supplementation
- Rx for oral tranexamic acid (consider 1st dose in ED)
- Rx for **tapering dose** of continuous COC
- Recommend oral anti-emetic (Gravol®, ondansetron, metoclopramide) 2 hours before OCP dose
- Consider outpatient pelvic ultrasound
- Outpatient referral to gynecology
- Give menstrual calendar to patient on discharge

☐ Hb less than 100 or unstable VS

Acute HMB: SEVERE

Admit and stabilize

- IV fluids or transfusion
- Tranexamic acid: continue until bleeding slows
- High dose COC: 2 tabs PO q6h
- Oral/IV anti-emetic (Gravol®, ondansetron, metoclopramide) regular while on COC
- Emergency department gynecology consult
- Consider inpatient pelvic ultrasound

Contraindications to combined oral contraceptives (COC)

- Hypertension
- Current or past history of VTE
- Migraine with aura
- History of CVA/ complicated valvular heart disease
- Diabetes with severe retinopathy, neuropathy, or nephropathy
- Severe cirrhosis or liver tumour