

## BLEEDING

There are multiple conditions that leave individuals predisposed to bleeding that can be difficult to control or that may occur spontaneously. Some of these conditions may include chronic bleeding disorders or complications from medications.

Bleeding disorders are a group of conditions that result when the blood is not able to properly clot. In normal clotting a type of blood cell, called platelets stick together and form a “plug” at the site of an injured blood vessel. Proteins in the blood called clotting factors then interact to form a fibrin clot, essentially a gel plug, which holds the platelets in place and allows healing to occur at the site of the injury while preventing blood from escaping the blood vessel. While too much clotting can lead to conditions such as heart attacks and strokes, the inability to form clots can be very dangerous as well, because of excessive bleeding. Bleeding can result from either too few or abnormal platelets, abnormal or low amounts of clotting proteins, or abnormal blood vessels.

Hemophilia is a relatively rare diagnosis but is generally the most well-known inherited bleeding disorder. It affects mostly males. The most common inherited bleeding disorder in America is Von Willebrand disease. Von Willebrand disease can affect both males and females and is caused by clotting proteins. Platelet disorders are the most common cause of bleeding disorders. There are multiple types of platelet disorders, though some are inherited, many are the result of post infection, post trauma or complications of medications, occasionally the cause is unknown (idiopathic).

*Students who have chronic diagnosed bleeding conditions will have a notification of health status in regards to their specific condition provided to staff to alert staff to potential complications. Students who have specific infusion or treatment regimens for their disorders that differ from standard first aid who do not self-manage their own coagulation therapy or interventions, will have individual health protocols. Students who have individual health protocols will have designated caregivers who are specifically trained for their response.*

## RESPONDING TO A BLEEDING EPISODE

### For any bleeding incident that requires assistance:

1. Use universal precautions when assisting student.
2. Student's with bleeding disorders who self- manage their own infusions should be permitted to do so.
3. For student's who do not self- manage, designated caregivers should defer to *Individual Health Protocol*.

### For minor cuts/scrapes:

1. Clean wound with soap and water.
2. Have student rest.
3. Apply ice as needed to affected area if swelling or continued bleeding are an issue.
4. Elevate affected limb, if applicable.
5. If bleeding does not resolve, notify parent. If unable to reach parent, notify nurse.

### For cut/laceration that may need stitches or bleeding that will not stop:

1. Immobilize affected part as able, avoid weight to affected area.
2. Apply ice and pressure to affected area.
3. Elevate affected limb, if applicable.
4. Notify parent. If unable to reach parent, notify nurse.
5. Call EMS/9-1-1 if profuse bleeding continues past 20 minutes.

### For nosebleed:

1. Apply firm, continuous pressure for 20 minutes. Do not tip head back.
2. Ice pack can be applied to bridge nose or back of neck as needed
3. Notify parent.
4. For students with bleeding disorders, if unable to reach parent, notify nurse.
5. Call EMS/9-1-1 if bleeding continues past 20 minutes or if bleeding is profuse or coming from other mucous membranes such as eyes or mouth.

### For complaints of bleeding in joint or muscle:

Student may complain of tingling, bubbling pain, stiffness in joint, decreased motion of limb or body part, limping, or favoring an arm/leg.

1. Have student sit or lie down.
2. Immobilize and elevate affected limb.
3. Apply ice.
4. Notify parent. If unable to reach parent, notify nurse and/or call EMS/9-1-1.
5. If blood is visibly pooling under skin, call EMS/9-1-1

### FOR A BLOW TO THE HEAD NECK OR ABDOMEN OR PRESENTATION OF PROFUSE BLEEDING:

1. Delegate call to parent immediately. Call EMS/9-1-1 if parent cannot be reached.
2. Do not move the student if there are suspected fractures or head/spine injuries.
3. If a traumatic injury has been sustained defer to *Stop the Bleed* practices.
4. If it is safe to move student, place student on his/her back with legs raised 6-12 inches.

5. Have student rest and keep student calm.
6. Apply pressure to any external bleeding.
7. Apply ice to constrict blood vessels as feasible.
8. Be prepared to provide first aid for shock if needed.

#### OBSERVE FOR SIGNS OF SHOCK OR COMPLICATIONS

- Unusual facial pallor, ashen or mottled skin color
- Sudden lethargy
- Cold, clammy, moist feeling to skin
- Confusion
- Anxious appearance or agitation
- Extreme restlessness or feeling of impending doom
- Weak, rapid or absent pulse
- Loss of consciousness
- Sudden headache
- Difficulty breathing, shortness of breath, shallow or rapid breathing.
- Blurred vision
- Sudden nausea or vomiting

#### IF SIGNS ARE PRESENT:

1. Delegate calls to EMS (9-1-1) whether student is visibly bleeding or not, please note internal bleeding may occur, specifically in students with bleeding disorders.
2. Initiate CPR for absent breathing or pulse
3. DO NOT ATTEMPT TO MOVE STUDENT IF UNCONSCIOUS! (Exception: hazardous environment.)
4. Keep student warm with blankets, as appropriate to environmental temperature. Do not use an external heat source.

#### FOLLOW UP

1. Always notify nurse of bleeding incident.
2. Complete required documentation.

Molalla River School District Bleeding Protocol (2017)

Multnomah Education Service Districts Individual Bleeding Procedure (2015)

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THE COMMITTEE ON TRAUMA



BLEEDINGCONTROL.ORG

**1 APPLY PRESSURE WITH HANDS**



**2 APPLY DRESSING AND PRESS**



**3 APPLY TOURNIQUET**



WRAP

WIND

SECURE

TIME

**CALL 911**