Important History Questions Contraindication to therapies Printed 7/24/2020 3:23:45 PM by Todd W. Roat Coagulopathy
Anticoagulation or antiplatelet meds aindications to OCPs: Recent changes in meds including hormonal rx Migraine w/ aura and thyroid medications

History of fibroids or other structural lesions Tobacco use >35 Hx DVT/VTE/PE Uncontrolled HTN Trauma Non-pregnant vaginal bleeding Cyclical or not Hx of stroke History of heavy menstruation
 Other easy bruising or bleeding Breast cancer Significant liver disease or dysfunction Ask about contraindications to estrogen therapy Post menopausal (See contraindications to therapies) Caution: Cardiovascular Disease Initial assessment ndications to Medroxyprogesterone: Hx DVT/VTE/PE PALM (Structural Causes of AUB) Breast Cancer IV Significant liver disease or Dysfxn Caution: Cardiovascular Disease • Polyp • Adenomyosis O₂ as needed Leiomyoma Monitor Malignancy
 COEIN (Functional Causes of AUB) * If reasonable, defer progesterone until after an Endometrial biopsy by OBGYN. · Rule out Pregnancy Coagulopathy • CBC, HCG (urine or serum) • Ovulatory ontraindications to TXA: Impaired color vision
Current Thromboembolic disease
Concurrent Estrogen/OCP use Endometrial · Consider: type & screen, Urinalysis latrogenic Not otherwise classified Pregnant? Pregnancy of Unknown Location Algorithm No H+P to include speculum exam to aid in identification of source.
(important Hx questions) Stable? Stable: Assess for Contraindications to Therapies Unstable **Uterine Source** Systemic or Coagulopathic Vaginal or Cervical Source · Move to SRU OCP with 35mcg of ethinyl Addtional Labs based on Tx based on specific pathology. 2 18G+ IVs estradiol TID x 7days followed by qd for 3 weeks (Necon 1/35 - on suspected etiology: • GYN Consult Consider: Consider Lactate, LFTs, TEG, Fibrinogen, PT, PTT UC formulary), other OCP's OR VWf level · Local pressure Factor VIII level Topical TXA PO Medroxyprogesterone 20mg TID x 1 week, then QD for 3 Repair laceration if present • LFTs/PT-INR weeks. OR · TSH, fT4 · Treat cervicitis if suspected Ibuprofen 600-800mg q6-8hrs • Refer to Gyn for F/u in 7-14 Transfuse blood products if during menstruation or Tailor therapy to address days hemorrhagic shock or critical meclomen 100mg TID during suspected cause anemia menstruation, OR Give IV estrogen 25mg q4-6hrs for 24 hours if no TXA 1.3mg PO TID x 5 day (not contraindication, followed by 10to be co-administered with 14 days of progesterone or Estrogen therapy) **OCPs** · If estrogen is contraindicated, consider TXA 10mg/kg IV up to 600mg or 1.3mg PO, TID x 5 **Uterine Source** Systemic or Coagulopathic Vaginal or Cervical Source · Do not give estrogen AND TXA Stable? No Steps to Placing an Intrauterine Foley/Uterine Packing Estrogen contraindications

• Breast cancer Other OCP's **ED Procedural Management** laycen 1/35 Need to request 26 fr catheter from Central Supply

I. Visualize the cervical Os with a speculum Active or past venous thrombosis Balziva Arterial thromboembolic disease Brevicon . Sterilize the os by cleansing it three separate times with a Liver dysfunction or disease
Use caution in patients with Tamponade: 26 fr Foley with 30cc Balloon (info) Femcon large qtip soaked in iodine or Chlorhexidene 2% . Stabilize the cervix by placing a ring forcep on the Mononess cardiovascular or thromboembolic isk factors Grasp the balloon with Kelly forceps and guide it through GYN: definitive management Instill the balloon with 30cc of water You may stabilized the foley balloon in place with Vaginal Foley balloon must be removed within 24 hours, and Most recent update: 6/2/2020 intibiotics should be administered while packing is in place Department(s): Emergency Medicine

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