

Heavy Menstrual Bleeding Clinical Practice Guideline

Emergency Department Management

FINAL
2/3/21



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Inclusion Criteria: Menstruating females with concern for heavy bleeding

Exclusion Criteria:

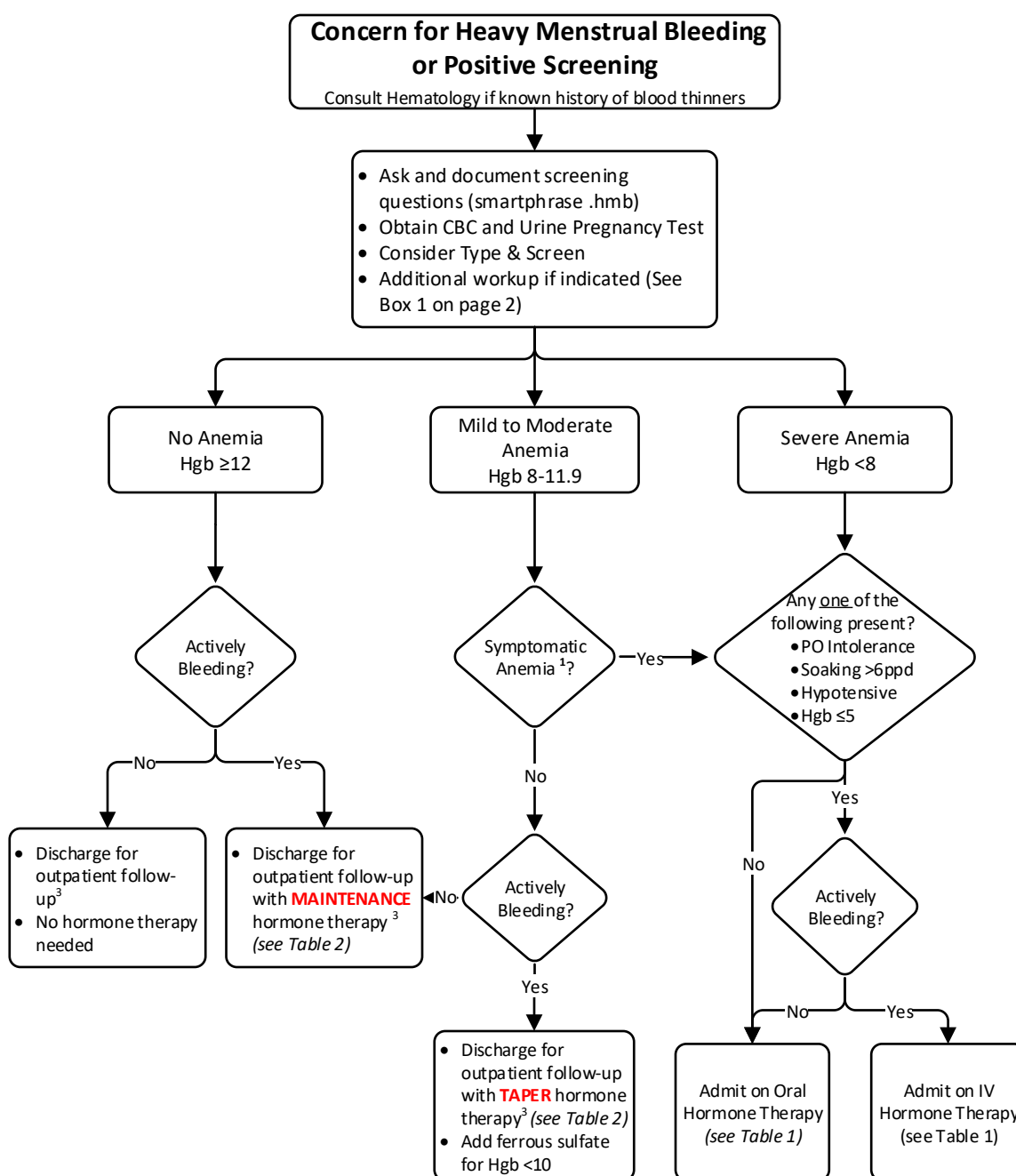
- Previously identified bleeding disorder (Rheumatology, Cancer, Anti-Coagulation, Congenital Heart Disease).
- Patients with altered mental status, severe hypotension, requiring intubation, or who are otherwise clinically unstable

Screening Questions (Adapted from Claire Philipp Screening tool; AMJOG 2011)

1. On average does your period last 7 or more days?
2. Do you experience "flooding" or overflow bleeding through your tampon or pad?
3. Do you need to change your tampon or pad more than every 1-2 hours at times during your period?
4. Have you ever been treated (PO iron, IV iron, blood transfusion) for iron deficiency anemia in the past?
5. Do you have a family history of a bleeding disorder?
6. Have you had excessive bleeding with a dental extraction or dental surgery?
7. Have you had excessive bleeding with a miscarriage or following delivery of a child?

Considered to be positive if answered yes to any of the above questions

Algorithm



Definitions

- ppd = pads per day

General Care

- Monitor vitals per routine
- Start IV if indicated

¹ Symptoms of Anemia

- Tachycardia
- Orthostatic Hypotension
- Headache/Dizziness
- Fatigue

² Admission Criteria

- Hgb <8
- OR
- Symptomatic of anemia

³ Discharge Instructions

- See Table 2 for discharge meds
- Follow-up with a Gynecologist in the CHOA Pediatric Gynecology clinic (404.785.1491), or in the Hughes Spalding Adolescent Medicine Clinic (404.785.9850) in 2-4 weeks
- Follow-up with the Hematology Clinic (404.785.1319) in 4-8 weeks to complete bleeding disorder workup
- Iron supplementation if indicated and encourage iron rich foods
- If bleeding recurs on discharge medication, return to previous dose and call PCP. Skip placebo pill until seen for follow-up.
- Provide teaching sheet: "When Your Child Has Iron-Deficiency Anemia" for all anemic patients.
- For medication Prior Authorizations:
 - EG and SB: Consult Case Management
 - HS: Patient to work with PCP

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Box 1: Additional Lab Work-up (if indicated)

- If Obesity (BMI $\geq 95\%$), Acanthosis Nigricans, Hirsutism, or missed period for more than 3 months in a row:
 - Prior to starting hormone therapy, draw FSH, LH, Estradiol, Prolactin, Testosterone. Results not needed prior to starting therapy.
- Consider: Urine GC/Chlamydia, Serum RPR and HIV if sexually active

Table 1: ED Medications

| Medication | Indications | Dosage | Max Dose | Contraindications/Comments |
|--|--|------------------------|------------|--|
| Hormone Therapy <i>If already taking a combined oral contraceptive (COC), discontinue and begin the following therapy</i> | | | | |
| Preferred Oral Norethindrone Acetate | Use if ALL of the following are true: -Tolerating PO -Hemodynamically Stable -Hgb >5 -Soaking ≤ 6 ppd | 10 mg PO x1 | 10 mg/dose | Contraindication: Previous intolerance Not a preferred method of birth control |
| Preferred IV Conjugated Estrogens (Premarin) | Use if being admitted, actively bleeding, and ANY of the following is true: -Unable to tolerate PO -Hypotensive -Hgb ≤ 5 -Soaking >6 ppd | 25 mg IV x1 | 25 mg/dose | Common Contraindications: Personal history of thrombosis or stroke, thrombosis in first degree relative or family history of hypercoagulability, migraine with aura, SBP >160 or DBP >100, <6 weeks post-partum, congenital heart disease, active cancer, renal failure, or uncontrolled rheumatologic disease.* Call Hematology or Gynecology if contraindications present |
| Alternate Oral Medroxyprogesterone | Alternate if: - Norethindrone acetate is contraindicated | 20 mg PO x1 | 20 mg/dose | Contraindication: Previous intolerance Not a method of birth control |
| Supplemental Medications (As Appropriate) | | | | |
| Ondansetron (Zofran) | For side effects related to IV and oral hormone therapy | 0.15 mg/kg PO or IV x1 | 8 mg/dose | N/A |
| Famotidine (Pepcid) | For side effects related to IV and oral hormone therapy | 20 mg PO x1 | 20 mg/dose | N/A |

Table 2: Discharge Medications

| Discharge Medications | Indications | Dosage | Max Dose | Comments | Prescription Details |
|--|--|---|-------------|--|--|
| Discharge Hormone Therapy | | | | | |
| Norethindrone Acetate <i>Preferred</i> | Preferred discharge hormone therapy if no contraindications present | TAPER: 10 mg BID until 3 days after bleeding stops. Then, start maintenance dose MAINTENANCE: 10 mg once a day until follow-up appointment.** | 10 mg/dose | Contraindication: Previous intolerance Not a preferred method of birth control | Prescribe as 90 tabs for 30 days with 1 refill |
| Lo-Ovral <i>Alternate</i> | Alternate if: - Norethindrone acetate is contraindicated | TAPER: - 1 tab PO Q8H x 3 days from initiation - Then, 1 tab PO Q12H x 2 days. - Then, start maintenance dose MAINTENANCE: 1 tab PO QD until follow-up.** | 1 tab/dose | Alternate for Medicaid Patients: Seasonique (uses same dosing schedule as Lo-Ovral) Common Contraindications: Personal history of thrombosis or stroke, thrombosis in first degree relative or family history of hypercoagulability, migraine with aura, SBP >160 or DBP >100, <6 weeks post-partum, congenital heart disease, active cancer, renal failure, or uncontrolled rheumatologic disease.* Call Hematology or Gynecology if contraindications present | Lo-ovral: Prescribe as a 1-month supply with 3 refills Seasonique: Prescribe 1 (84-pill) pack with 1 refill |
| Medroxyprogesterone <i>Alternate</i> | Alternate if: - Norethindrone acetate and Lo-Ovral are contraindicated | TAPER: 20 mg BID until 3 days after bleeding stops, then start maintenance dose MAINTENANCE: 20 mg once a day until follow-up appointment.** | 20 mg/dose | Contraindication: Previous intolerance Not a preferred method of birth control | Prescribe as 90 tabs for 30 days with 1 refill |
| Discharge Medications: | | | | | |
| Ferrous Sulfate | If Hgb <10 | 325 mg (65mg elemental iron) PO BID | | N/A | Prescribe 60 tabs for 30 days with 1 refill |
| Other Medications (As Appropriate) | | | | | |
| Ondansetron (Zofran) | For side effects related to oral hormone therapy | 0.15 mg/kg PO Q8H x 4 days, then 0.15 mg/kg PO Q8H PRN | 8 mg/dose | N/A | Prescribe per patient's needs |
| Famotidine (Pepcid) | For side effects related to oral hormone therapy | 10-20 mg PO Q12H | 20 mg/dose | N/A | Prescribe per patient's needs |
| Docusate (Colace) | If iron given | 50-100 mg PO QD | 100 mg/dose | N/A | Prescribe per patient's needs |

*Refer to CDC Summary of Medical Eligibility Criteria for Contraceptive Use for complete list of contraindications for estrogens

**If bleeding recurs, return to previous dose and call PCP. Skip placebo pills until seen for follow-up.

Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2020 Children's Healthcare of Atlanta, Inc.