Princess Margaret Hospital for Children Emergency Department Guideline

PAEDIATRIC ACUTE CARE GUIDELINE			
Von Willebrand Disease			
Scope (Staff):	All Emergency Department Clinicians		
Scope (Area):	Emergency Department		

This document should be read in conjunction with this DISCLAIMER http://kidshealthwa.com/about/disclaimer/

Von Willebrand Disease

Also see guideline Management of a Child with a Bleeding Disorder

Background

- Von Willebrand Disease is a common autosomal dominant disorder, with three subtypes.
- Von Willebrand Disease usually presents with easy bruising, mucosal bleeding, postoperative bleeding or post traumatic bleeding. Menorrhagia and post-partum haemorrhage are common presentations in females.

Treatment for von Willebrand Disease is usually with:

- DDAVP (Desmopressin) 0.3 microgram/kg diluted in 0.9% saline and given IV over 20 minutes for the common type-1 patients.
- Patients with type-2 disorders (functional deficiency) and the rare type-3 disorder (homozygous disorder) will require factor replacement therapy with plasma-derived factor VIII (Biostate).
 - Recombinant factor VIII does not contain von Willebrand factor
 - Supplies of plasma-derived factor VIII (Biostate) are kept in the fridge in Transfusion Medicine (Haematology laboratory)
- All presentations to the Emergency Department should be discussed with the on-call Haematologist before any treatment is instituted
- Please refer to the <u>Haematology Transfusion Medicine Protocols</u> for further information

Indications for admitting a patient with an underlying bleeding disorder:

- Suspected intracranial haemorrhage
- Persistent mouth bleeding not responding to factor replacement therapy

and antifibrinolytic therapy

- Persistent haematuria
- Severe persistent epistaxis
- Undiagnosed abdominal pain
- Suspected psoas haemorrhage
- Bleeding into hip or inguinal area
- Compartmental syndrome such as forearm bleeding
- Bleeding into neck
- Tonsillar haemorrhage
- Tight soft tissue bleeds

References

External Review: Catherine Cole (Paediatric and Adolescent Oncologist/Haematologist) – July 2015

This document can be made available in alternative formats on request for a person with a disability.

File Path:				
Document Owner:	Dr Meredith Borland HoD, PMH Emergency Department			
Reviewer / Team:	Kids Health WA Guidelines Team			
Date First Issued:	30 July, 2015	Version:		
Last Reviewed:	15 October, 2015	Review Date:	15 October, 2017	
Approved by:	Dr Meredith Borland	Date:	15 October, 2015	
Endorsed by:	Medical Advisory Committee	Date:	15 October, 2015	
Standards Applicable:	NSQHS Standards:			

Printed or personally saved electronic copies of this document are considered uncontrolled