PAEDIATRIC ACUTE CARE GUIDELINE	
Management of a Child with a Bleeding Disorder	
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/

Management of a Child with a Bleeding Disorder

Background

Haemophilia A – Factor VIII deficiency

Haemophilia B – Factor IX deficiency

von Willebrand disease – vWF deficiency/dysfunction

Other bleeding disorders

Presentation

Injury or bleeding

Fever – be wary of central line infections in haemophilia patients with a Central Venous Access Device

Management of Bleeds

Paediatric Bleeding Disorder Pathway

Life Threatening	Serious	Minor
Intracranial bleed Neck/Throat injury Abdominal bleed	Muscular bleeds Joint bleeds Mucosal	Superficial bruises

Life threatening and serious bleeds should be ATS category 1 or 2

Life threatening

Manage in resuscitation room

Call haematology/oncology fellow/consultant immediately

Give Factor without delay

Serious

Give Factor without delay

RICE = Rest, Ice, Compression, Elevation and Immobilisation

Analgesia – paracetamol/oxycodone – NOT Aspirin/NSAIDs

Ultrasound/Xrays as clinically appropriate

+/- fast child and contact rheumatologist on call if joint bleed

Minor

Assess and treat as clinically indicated

Treatment

DO NOT DELAY ADMINISTRATION OF FACTOR

DO NOT ACCESS INFUSAPORT IF INSERTED WITHIN LAST 5 DAYS (unless under

instruction of Haematologist)

Clotting Factor Replacement should be administered within 15-30 minutes

Do **NOT** delay Factor replacement for diagnostic imaging or extensive clinical assessment

Give Factor **PRIOR** to intervention

Every child known to PMH will have a treatment card which details:

Type of bleeding disorder

Treatment product (including brand name) and if on regular replacement

Presence of Factor VIII/IX inhibitor

If the patient does not present with the treatment card the parents or patient should know these details.

Factors

Available from Blood Bank. Further information can be found at PMH Transfusion Medicine Protocols

Haemophilia A:
Recombinant Factor VIII: Xynthas, Advate
Plasma-derived Factor VIII/VWF: Biostate

Haemophilia B:
Recombinant Factor IX: BeneFIX

vion Willebrand Disease treatment (for non-responsive to DDAVP):
Plasma-derived Factor VIII/vWF Biostate

Patients with Inhibitors:
Recombinant VIIa: NovoSeven

Other Products available from pharmacy:

Desmopressin Acetate (DDAVP)

Cyklokapron (Tranexamic Acid), Antifibrinolytic Therapy

Management of Fever

Look for source of fever eg. Infected central line, haematoma or joint bleed

Cultures & CRP

Antibiotics as per Champ guidelines – with/without infusaport

Tags

advate, benefix, biostate, bleeding, ddavp, factor, haemarthrosis, haemophilia, tranexamic acid, von Willebrand, xynthas

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