Hemorrhages or “bleeds” in people with a bleeding disorder may be the result of injury or without any known cause (spontaneous)

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| MUSCLES    | Any muscle group may be affected – areas of extra concern are: buttoc, forearm, calf, thigh, iliopsoas or abdominal muscle | • Heat  
• Swelling  
• Pain | 1. Rest and icing can be helpful  
2. If there’s warmth, pain or swelling treat with a routine dose of factor  
3. Large muscles such as abdominal or iliopsoas should be treated with a major dose of factor and warrant an emergency hematology consultation, may require hospital admission (see more on these muscles below) |
| Iliopsoas Muscle | Thigh/hip/groin area | • Pain in lower abdomen, groin area, lower back or flank (front thigh)  
• Difficult or painful to straighten leg  
• Numbness or tingling in quads  
• Toe walking  
• Frog leg position with hip flexed outward | 1. Requires aggressive factor treatment and close monitoring  
2. May require hospital admission  
*Large amounts of blood can be lost in this muscle group with little or no swelling |
| Abdominal Muscle | Stomach  
Intestine  
Kidney  
Bladder | • Back/stomach pain  
• Red or reddish brown urine  
• Painful urination  
• Bloody/ black stool  
• Vomit blood (may look like coffee grounds)  
• Appears pale  
• Hunches over, painful to straighten | 1. Requires aggressive factor treatment and close monitoring  
2. May require hospital admission  
*Large amounts of blood can be lost in this muscle group with little or no swelling |
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| COMPARTMENT SYNDROME | Forearm, calf, thigh              | • Intense pain, tingling or burning, tightness, numbness                 | 1. Requires aggressive factor treatment and close monitoring  
2. May require hospital admission                                                                                                                |
|                      |                                   | • If left untreated, can result in muscle or nerve damage                |                                                                                                                                                   |
|                      | may occur when pressure within the bleeding muscle builds to dangerous levels |                                                                          |                                                                                                                                                   |
| JOINTS               | Most common: ankle, knee, elbow    | Early symptoms:  
• Tingling  
• Pain  
• Limited range of motion | 1. Factor treatment is needed for all joint bleeds  
2. Do not take a “wait and see” approach - optimal time to treat with a routine dose of factor is when you see early symptoms  
3. Advanced joint bleeds require a major dose of factor  
4. Infuse before any diagnostic procedure such as an x-ray  
5. Use RICE – rest, ice, compression, elevation – for 24 hours  
6. Use assistance devices such as sling, splints, crutches or wheelchair as needed                                                                 |
|                      | Less common: hip, shoulder, fingers & toes | Advanced symptoms:  
• Pain  
• Heat  
• Swelling  
• Decreased range of motion |                                                                                                                                                   |
| SOFT TISSUE          | May appear anywhere               | • Bruises  
• Hematoma (raised bruise)                                            | 1. Usually do not need treatment if they don’t threaten function or mobility  
2. Parents have found it helpful to draw a circle around bruising so they can monitor  
3. Green and yellow is good – that means the blood is breaking down or absorbing back into the body                                                                 |
| HEAD                 |                                   | • Headache  
• Confusion  
• Dizziness  
• Irritability  
• Nausea / Vomiting  
• Unusual Sleepiness  
• Dilated pupils  
• Seizures | 1. TREAT ALL HEAD INJURIES WITH A MAJOR DOSE OF FACTOR, regardless of whether there are outward signs such as bumps or swelling  
2. Treat BEFORE any diagnostic testing such as a CT scan  
3. Hospital admission may be required for observation  
4. If symptoms are present without any known trauma, contact your medical provider for instructions  

* If your child falls and hits his/her head, please do not ask well-meaning friends and family what you should do – this is too important to take chances, your first call should be to a medical provider  

For questions urgent or otherwise, call your Hemophilia Treatment Center or Hematologist  
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# Bleeds: What to Look For, What to Do

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<td><strong>THROAT/NECK</strong></td>
<td></td>
<td>- Swelling</td>
<td>WHAT TO KNOW... &lt;br&gt;  - Bruising in the mouth or under the tongue can spread down into the neck and block the airway &lt;br&gt;  - Tonsillitis or “strep throat” can cause throat bleeding &lt;br&gt;  - Severe coughing spells or vomiting can cause bleeding &lt;br&gt;  - Injury to the neck area can cause bleeding, which can result in a blocked airway</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Difficulty in breathing</td>
<td>WHAT TO DO... &lt;br&gt;  - All swelling in this area should be considered to be the result of bleeding unless proven otherwise – call your medical provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Drainage down throat</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Coughing up blood</td>
<td></td>
</tr>
<tr>
<td><strong>NOSE</strong></td>
<td>Nasal cavity</td>
<td>- Bleeding</td>
<td>1. Gently blow nose to remove mucous and unstable clots &lt;br&gt; 2. Position sitting straight, head forward so blood flows out and not down the back of throat &lt;br&gt; 3. Apply firm pressure to entire side of the nose for 15 minutes. If bleeding persists, apply pressure for another 5 minutes. &lt;br&gt; 4. May need a routine dose of factor or anti-fibrinolytic agent (Amicar) &lt;br&gt; 5. Use Vaseline in the nostrils to keep membranes soft</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Loose clots</td>
<td><em>Excessive and chronic nose bleeding may warrant an ENT consult and possible cauterization of the blood vessel</em></td>
</tr>
<tr>
<td><strong>MOUTH</strong></td>
<td>Torn frenulum</td>
<td>- Bleeding</td>
<td>1. Apply ice/gauze compress with firm pressure for 15-20 minutes &lt;br&gt; 2. A wet tea bag can be applied around a tooth &lt;br&gt; 3. Encourage spitting out blood rather than swallowing &lt;br&gt; 4. If no response to ice/gauze compression, contact medical provider for instruction &lt;br&gt; 5. May need to treat with factor and/or anti-fibrinolytic agent (Amicar) &lt;br&gt; 6. Clots break down on days 3-5 and bleeding may start again &lt;br&gt; 7. A MAJOR DOSE OF FACTOR SHOULD BE GIVEN IF AIRWAY BLOCKAGE IS SUSPECTED</td>
</tr>
<tr>
<td></td>
<td>Tongue laceration</td>
<td>- Loose clots</td>
<td><em>Children should avoid using straws during a mouth bleed as the sucking may dislodge clots. Avoid or limit highly acidic juices and carbonated beverages</em></td>
</tr>
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<td>Teeth – loose or erupting teeth may lacerate socket</td>
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| Gastrointestinal |                 | • Abdominal pain  
• Apparent mass and/or rigidity in abdominal area  
• Lowered hemoglobin levels | 1. Call your medical provider - may need major factor dose and examination  
2. Treat before all diagnostic testing (x-rays, scans, endoscopy)                                                                        |
| Urinary   |                 | • Hematuria – blood in the urine                                                                  | 1. Can be frightening, but is usually not a serious event.  
2. Bed rest and lots of fluids for 24 hours  
3. If it persists, may need a routine dose of factor                                                                          |