

## Non-Pregnant Vaginal Bleeding 5/14/17

Question: EKG's, Blood glucose, & Pregnancy tests... what do each of these 3 have in common?

Answer: The vital importance they serve to the start of many workups in the ED.

The **urine pregnancy test** must be ordered for ANY female of reproductive age presenting to the emergency department. When negative in the patient with vaginal bleeding, we can continue our workup by considering the 3 categories of potential causes for her bleeding, and the 5 steps to most appropriately manage her care.

First, consider the potential causes of vaginal bleeding in your non-pregnant patient.

The 3 categories are:

1. Structural
  - a. \*Cancer / Malignancy\*
    - i. Can't miss diagnosis
    - ii. Classically, "post-menopausal bleeding" = cancer, until proven otherwise
  - b. Other diagnoses to consider:
    - i. Fibroids
    - ii. Polyps
    - iii. Adenomyosis
2. Coagulopathy
  - a. Cause of 20% of our non-pregnant patients with vaginal bleeding
  - b. Ex. Von Willebrand Disease
3. Hormonal issues
  - a. Dysfunctional uterine bleeding (Ovulatory vs. Anovulatory)

Then, we follow these 5 Steps:

1. Perform a **Pelvic Exam**:
  - a. "My attending and I need to do a pelvic exam, we will have a female chaperone present as well."
2. Order **Labs**:
  - a. CBC – evaluates Platelets, Hgb, Hct
  - b. Coags – evaluates PT and PTT
  - c. TSH – evaluates for hormonal causes of sx
3. Order **Pelvic Ultrasound**:
  - a. Evaluates for anatomic causes of sx
4. Treat pelvic pain and bleeding:
  - a. **NSAID's** (1<sup>st</sup> line)
5. Treat bleeding, if hormonal cause suspected:
  - a. **OCP's** – overrides dysfunctional hormonal axis, stabilizes endometrial lining.