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 (1st line)
5. Treat bleeding, if hormonal cause suspected:
   a. OCP’s – overrides dysfunctional hormonal axis, stabilizes endometrial lining.