

Emergency Department Management Of Vaginal Bleeding In The Nonpregnant Patient

- 1. “The patient denied being sexually active, so I didn’t think I needed to do a pregnancy test.”** All patients of reproductive age with vaginal bleeding must have a pregnancy test. Many patients participate in activities that they do not consider “sexual activity” but that may result in pregnancy. Vaginal bleeding in pregnancy can be life-threatening, as in the case of ectopic pregnancy, and cannot be missed.
- 2. “The patient was from a nursing home, and the caregiver had noted blood in the patient’s underwear when changing her. I performed a vaginal examination and didn’t see any bleeding, so I discharged her back to the nursing home.”** Patients and caregivers often assume that blood seen in underwear or on a diaper is pelvic in origin, but this is not always the case. If no blood is found on pelvic examination, a rectal examination and hemocult test of stool is indicated as well as urinalysis for hematuria.
- 3. “The patient said that oral contraceptive pills had helped stop a bleeding episode in the past, so I started her on an oral contraceptive pill taper even though she was 40 years old and smoked.”** Use of estrogen-containing oral contraceptive pills increase the risk of developing thromboembolism, and they are contraindicated in women aged > 35 years who smoke.
- 4. “The 51-year-old patient had been having intermittent vaginal bleeding for the past few months. I told her it was likely the beginning of menopause and that she shouldn’t be concerned.”** Anovulatory cycles are physiologic as a woman approaches menopause; however, perimenopausal and postmenopausal women with abnormal bleeding should be considered to have a malignancy until proven otherwise, and they should be referred to see a gynecologist as soon as possible.
- 5. “A mother brought her 5-month-old daughter in for vaginal bleeding. I found a foreign body which was the likely cause, so I discharged the patient after removing it.”** Sexual abuse must always be considered when evaluating a young girl with vaginal bleeding. A 5-month-old child would be unable to insert a foreign body into her vagina on her own. In such cases, Child Protective Services should be contacted, and the patient should be admitted if a safe environment cannot be guaranteed.
- 6. “The child had a vulvar hematoma from a straddle injury. She said she didn’t have to urinate while in the ED, so I discharged her.”** Patients with vulvar hematomas should demonstrate the ability to void while in the ED prior to discharge. If the patient is unable to urinate, a urinary catheter should be placed, and the patient may require admission.
- 7. “The vaginal laceration was deep and complex, but I thought I could repair it in the ED and avoid transferring the patient.”** Deep or complex genital lacerations require evaluation by a gynecologist or surgeon, and they are usually repaired in an operating room where appropriate lighting and anesthesia can help visualize all injured structures. Incorrectly closed genital wounds place the woman at risk for continued pain, sexual dysfunction, and urinary or bowel incontinence.
- 8. “The patient said that the bleeding wasn’t heavy, so I didn’t think I needed to do a pelvic examination.”** A pelvic examination is required for all patients complaining of vaginal bleeding. The provider must confirm that the bleeding is pelvic in origin and assess for trauma, masses, and signs of infection.
- 9. “The patient was taking warfarin, but she said her international normalized ratio (INR) had been checked recently and it was therapeutic, so I didn’t think I had to repeat it.”** Any patient presenting with abnormal vaginal bleeding who is anticoagulated should have coagulation studies performed in the ED. Drugs such as warfarin interact with many different medicines and foods, and a patient’s INR can easily become supratherapeutic.
- 10. “Even though the patient was hypotensive and tachycardic when she checked in, she felt so much better after a few liters of intravenous fluid that I discharged her.”** Any patient with bleeding requiring significant fluid resuscitation or blood products should be admitted for observation and gynecology consultation.

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