

PROTOCOL FOR: Bleeding Infant: Care of the Infant with Coagulopathy

DESIRED PATIENT

- OUTCOMES:
1. Will have signs of bleeding identified.
 2. Will have blood loss minimized.
 3. Will have adequate blood volume maintained.
 4. Pain and discomfort will be minimized.

CLINICAL
ASSESSMENT AND
CARE:

1. Assess blood pressure, color and perfusion with all vital signs.
 - a. Report hypotension, prolonged capillary refill time.
2. Perform pain assessment every four hours.
3. Assess skin and mucous membranes with vital signs for petechiae and/or bruising.
4. Abdominal assessment including girth q 4 hour maximum.
 - a. Report abdominal distension suggestive of intra-abdominal hemorrhage or erythema of abdominal wall.
5. Assess fontanel and sutures with vital signs for tension, bulging or separation.
 - a. Report seizures, changes in neurological status, or findings suggestive of intracranial hemorrhage.
6. Obtain head circumference daily if intracranial hemorrhage exists or if there is evidence of increased intracranial pressure.
7. Assess clotting time following heel-sticks or venipuncture.
 - a. Report prolonged bleeding from percutaneous sticks.
8. Perform stool guaiac and obtain urine specimens as ordered.
9. Assess for and report spontaneous bleeding from mucous membranes, umbilicus, or around catheters, IVs or other invasive equipment.
10. Assess for and report presence of pulmonary hemorrhage or gastric bleeding.
11. Weigh blood-saturated dressings or diapers to calculate blood loss.
12. Maintain a running blood deficit.
13. Be sure that lab requisitions for coagulation studies are labeled for "Hepabsorb" if the blood is obtained from an indwelling line containing Heparin.
14. Interventions to minimize blood loss:

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- a. Avoid IM injections when possible.
- b. Avoid percutaneous arterial puncture if possible; indwelling arterial line is preferable.
- c. Provide prolonged pressure after venipuncture, heel-stick, or arterial stick.
- d. Minimize invasive procedures as much as possible - most experienced individuals should perform IV cannulation or arterial or venipunctures.
- e. Gentle suction only when needed.
- f. If intubated, do not deep suction.
- g. Ensure that BP cuffs are not too tight and that sites are rotated - may produce trauma with repeat measurements.
- h. Protect exposed lesions from abrasion with Gelfoam or other dressing materials.

- SAFETY:**
1. Ensure there is a current type and crossmatch of blood in blood bank.
 2. Notify Blood Bank about infants with DOC when multiple blood components may be requested.
 3. Avoid placing prone when UAC in place or if bleeding from umbilicus.
 4. Ensure that vitamin K was administered after birth.
 - a. If additional vitamin K is ordered: AquaMephyton (Vitamin K) may be given IV. It should be diluted with 1 to 2 cc normal saline and infused at a rate no faster than 1mg/minute.
 - b. Keep Gelfoam and dressing supplies readily available or at bedside in event of bleeding.
 - c. Keep Epinephrine 1:10,000 readily available in event of pulmonary hemorrhage.
 - d. Cocaine available in Pyxis in event of pulmonary hemorrhage.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/90

REVISION DATES: 6/91, 9/92, 6/93, 12/94, 5/97, 9/99, 10/00, 12/01, 10/03, 1/05, 12/08

REVIEWED DATES: 11/07