

PV bleeding in non-pregnant patients



If the patient is known not to be pregnant and presents with heavy, prolonged or painful vaginal bleeding then the differential diagnoses can include:

Fibroids

Dysfunctional Uterine Bleeding

Polyps

Menstruation

Coagulopathies eg Von Willibrands disease

Take a general then gynaecological history which should include details of parity, menstrual cycle, contraception, previous procedures, miscarriages, terminations and any STIs

Do an abdominal examination. If being referred on to gynaecology, then the bimanual and speculum examinations are better to be carried out by that team*

Give analgesia if required

Take bloods eg FBC, U&E, Coag, Gp & save, CRP. If the patient is unwell and haemodynamically unstable, then Cross-match for blood and consider activating the Major Haemorrhage Protocol. Give IV fluids until blood arrives

Refer to Gynae F2/GPST who can carry out bimanual pelvic and speculum examinations. The Gynae Registrar should be called if the patient is unwell or haemodynamically unstable

If the bleeding is not excessive, then swabs and scans can be carried out by the Gynae team

If the patient is able to be discharged from the ED, then they are prescribed oral Tranexamic Acid, Norethisterone and appropriate oral analgesia if necessary. The patient can then attend their GP or local Sexual Health Clinic to discuss further options such as IUD or surgical intervention.

*if you are proficient in gynae and speculum examinations, then you may wish to carry out these exams. However the gynae team will also be required to examine the patient, so it may be kinder to limit the number of exams the patient undergoes, unless in an immediate life-threatening situation.