



**BLEEDING  
EMERGENCIES IN  
PALLIATIVE  
MEDICINE**

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# ***OBJECTIVES***

- × Consider possible sites of bleeding
- × Discuss general principles of acute management in context of site and patient's clinical picture



Thanks to Drs N. MacPherson J. Walker and H. Pearse



**MEDICAL ORDERS for SCOPE of TREATMENT (MOST)**  
**End of Life Care Program**

**SECTION 1: CODE STATUS:** *Note: CPR is not attempted on a patient who has suffered an unwitnessed cardiac arrest.*

- Attempt** Cardio Pulmonary Resuscitation (CPR). *Automatically designated as C2. Please initial below.*
- Do Not Attempt** Cardio Pulmonary Resuscitation (DNR)

**SECTION 2: MOST DESIGNATION** based on documented conversations (*Initial appropriate level*)

**Medical treatments excluding Critical Care interventions & Resuscitation**

_____ M1	<b>Supportive care, symptom management &amp; comfort measures. Allow natural death.</b> <i>Transfer to higher level of care only if patient's comfort needs not met in current location.</i>
_____ M2	<b>Medical treatments available within location of care. Current Location:</b> _____ <i>Transfer to higher level of care only if patient's comfort needs not met in current location</i>
_____ M3	<b>Full Medical treatments excluding critical care</b>

**Critical Care Interventions requested.** NOTE: Consultation will be required prior to admission.

_____ C1	<b>Critical Care interventions excluding intubation.</b>
_____ C2	<b>Critical Care interventions including intubation.</b>

## Vitals

- Postural drop?

## Hemoglobin

- much better if recent baseline available

Visualize ongoing bleeding if possible

## Collateral:

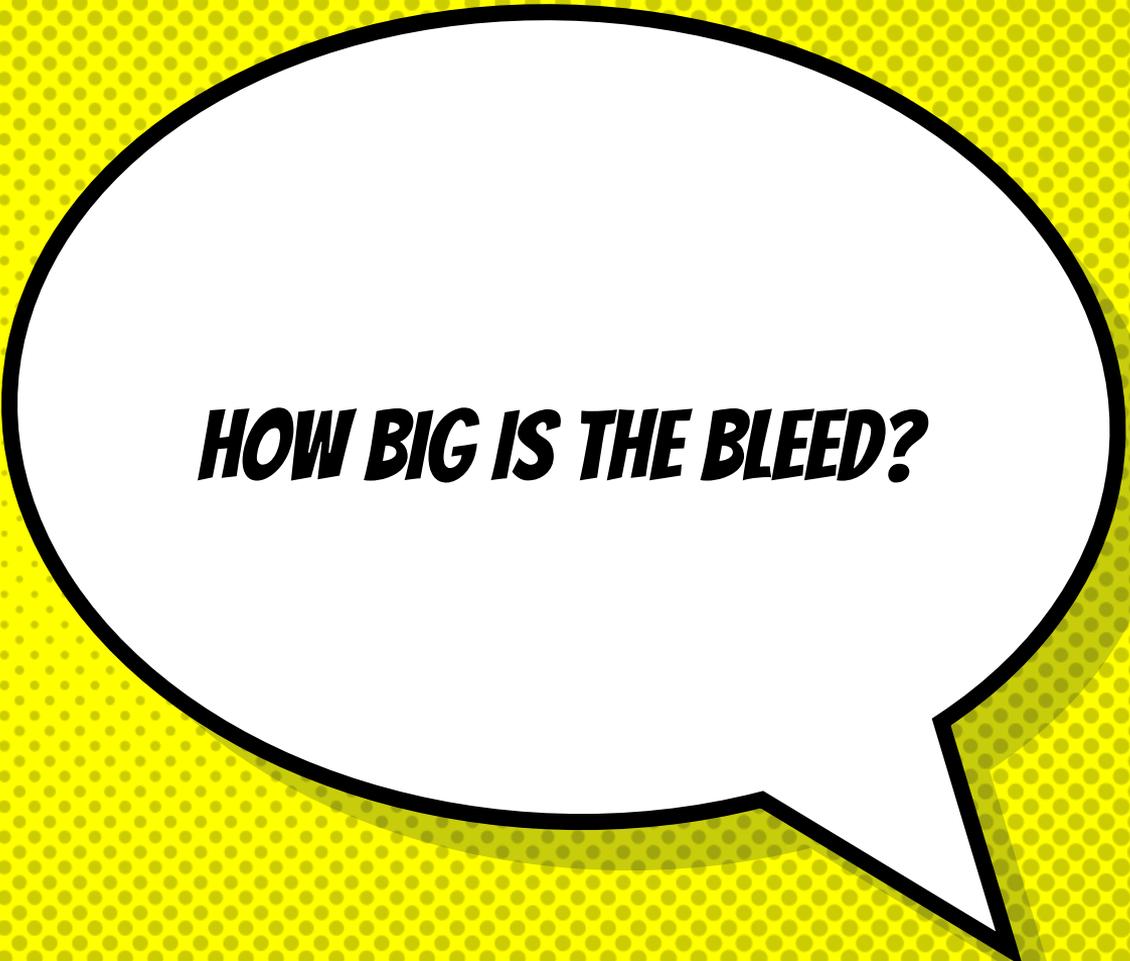
Soaked towels/pads

Descriptions

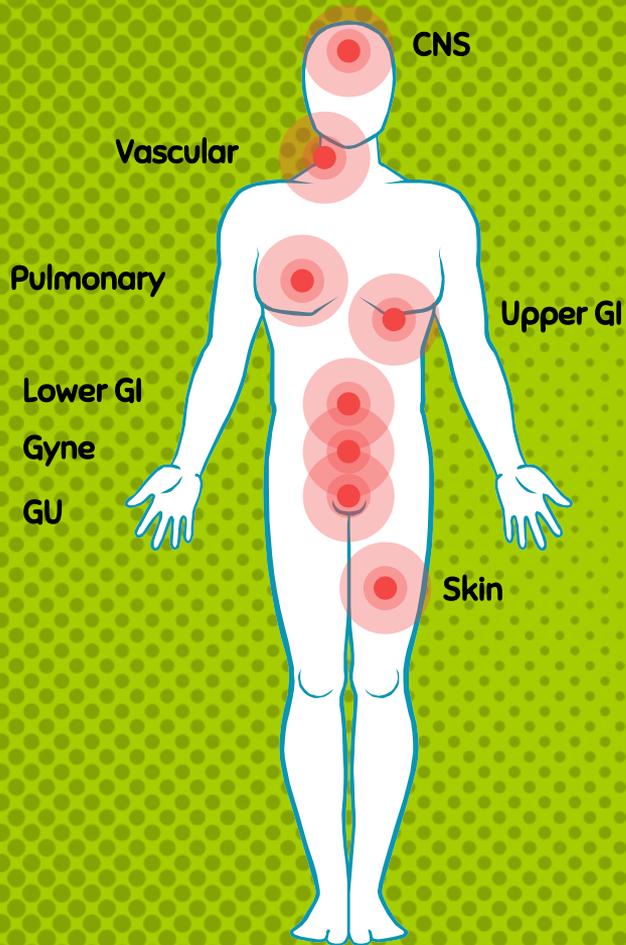
Volume estimates

Is it clearly catastrophic hemorrhage??

- Stop assessment and talk to the patient and family



***HOW BIG IS THE BLEED?***



***WHERE'S  
THE BLEED?***

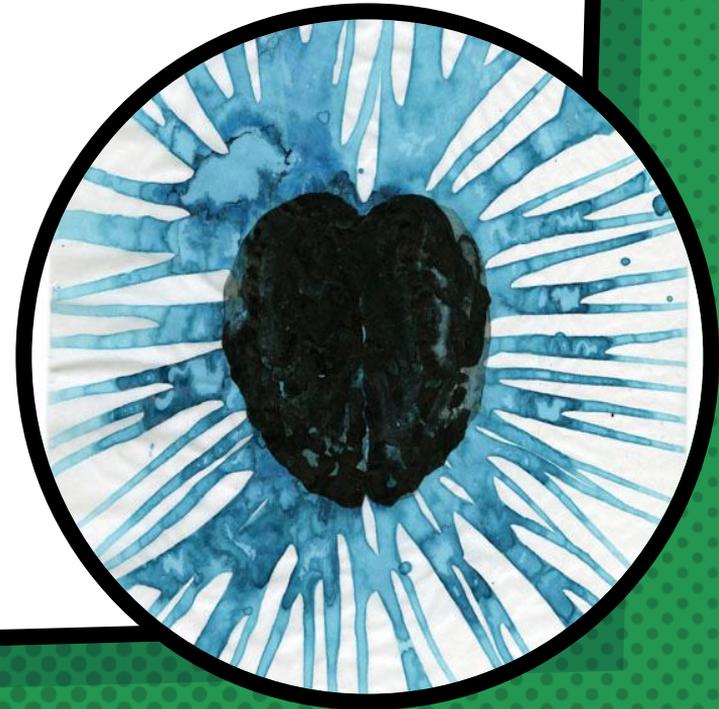


## ***CNS (ICH)***

**54yo woman w/breast cancer  
to bone, liver, brain – generally  
well**

Presents to ED with L sided  
weakness and facial droop

CT – CNS metastasis larger,  
hemorrhage and edema  
present





***THINK ABOUT CONTEXT..***

***"WHAT IS THE APPROPRIATE  
TREATMENT FOR THIS PATIENT  
IN THIS PARTICULAR  
SITUATION??"***



## ***VASCULAR (CAROTID BLOWOUT SYNDROME)***

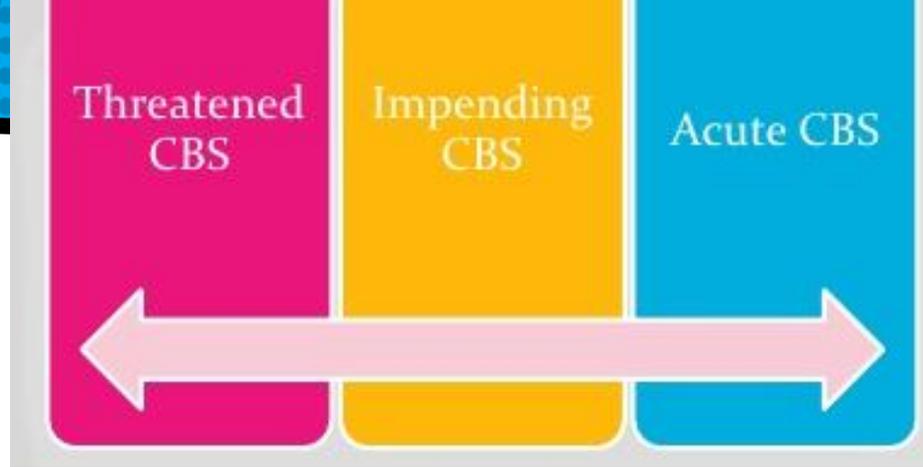
- × Rare but worrisome
- × Most often in head and neck cancer, especially those with recurrent disease in previously radiated and/ or operated area
- × Open wound, infection, fistulas further increase risk
- × 40% morality rate – 60% morbidity

Threatened  
CBS

Impending  
CBS

Acute CBS





Plan	Assess	Treat or Comfort
Prevent	Treat	Stabilize
Prepare	Prepare	Occlude
Document		Refer

## ***ENDOVASCULAR TREATMENT***

Deconstructive – embolize, ligate

Significant neurologic consequence likely

Reconstructive – endovascular stent

- Takes time and assessment
  - appropriate in less emergent situation

May have higher risk of recurrence

## ***MGMT OF MASSIVE BLEED***

Stay CALM and stay with the patient

Call for help ; Ensure privacy

If external, apply pressure

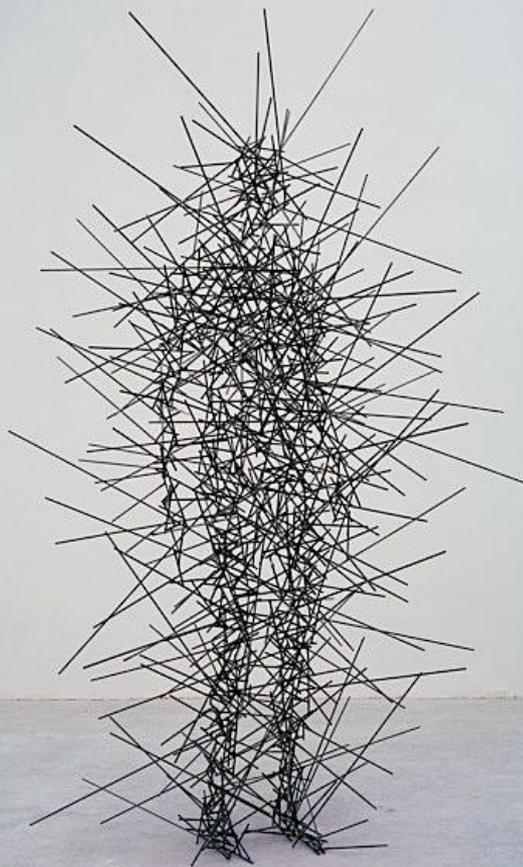
(Gloved finger or dressing)

Use dark towels (Surgical greens)

Protective gown/eyewear

Position and use suction to avoid choking

Crisis medication – often less important than  
support of patient and family



## ***CRISIS ORDERS***

**Benzodiazepine for sedation, anxiolytic, amnestic properties**

Midazolam: 5–10mg q5min if IV; q15min if SC/IM

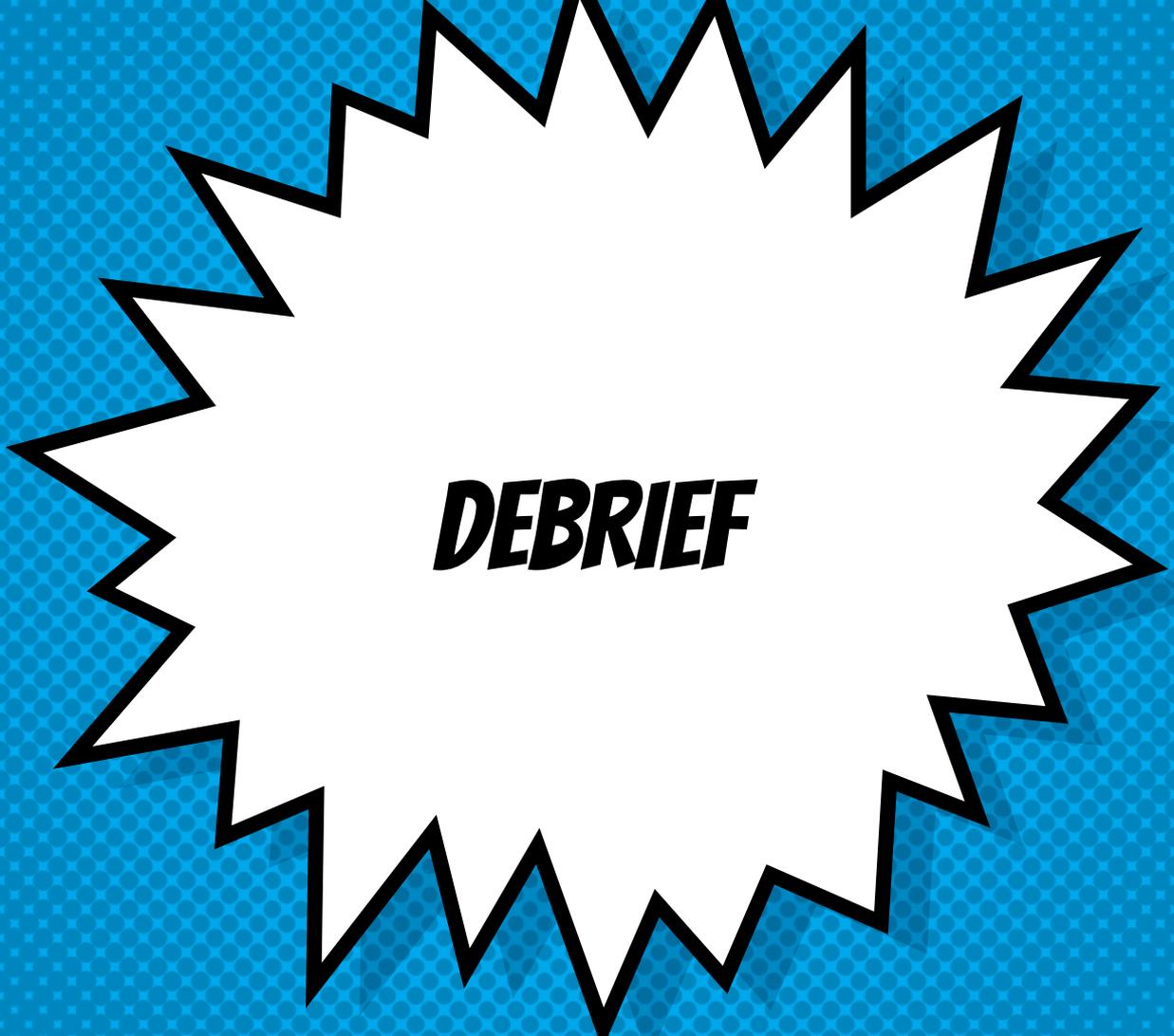
If not available: Lorazepam 4mg SL q10min

Diazepam 10mg PR q20min

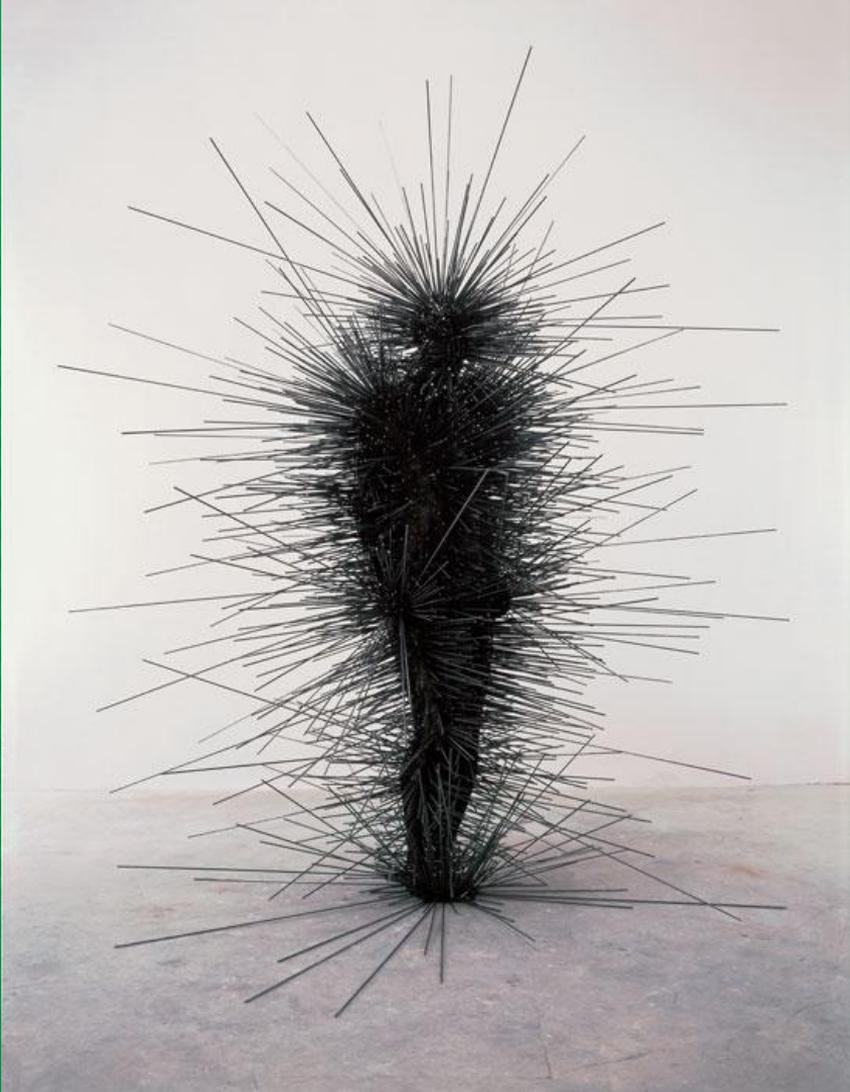
**Opioid for pain or breathlessness**

Hydromorphone 1mg SC q20 min / IV q5min (opioid naive)

OR double the patient's regular PRN dose



***DEBRIEF***



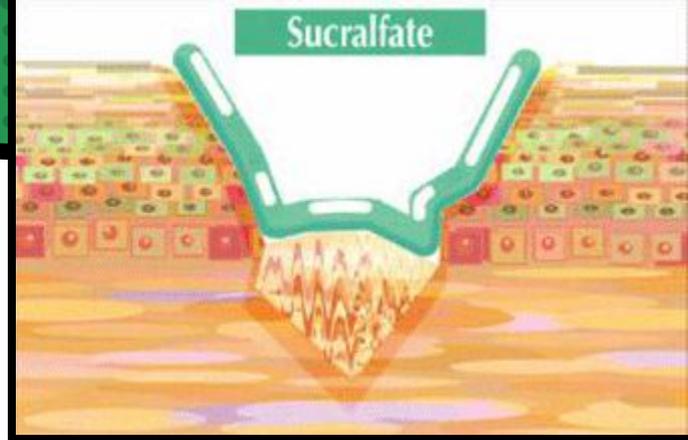
## ***SKIN (MALIGNANT WOUND)***

- × Fungating or Ulcerating
- × Bleeding often starts with dressing changes, minor trauma, *INFECTION*
- × Consider: Surgery, XRT, pressure/specialized dressing, antibiotic (topical +/- systemic), cautery (silver nitrate)
- × Some unusual topical treatments...



## ***SUCRALFATE***

- × A sulfated polysaccharide, sucrose octasulfate, complexed with aluminum hydroxide
- × Seems to bind, protect and stimulate angiogenesis
- × When to use it – topical, mouthwash, upper GI bleed (not very effective), PR
- × Side effect: constipation



## ***TRANEXAMIC ACID (CYCLOKAPRON)***

- × Lysine analog – antifibrinolytic, displaces plasminogen from fibrin, inhibits plasmin
- × When to use it – mouthwash, topical (crushed), IV/PO systemic use (hemoptysis, GI bleed), PR enemas, PV
- × 1mg IV/PO BID; 500mg in 5mL NS applied with pressure to wounds
- × ?Increase clot risk



# RECIPE

Topical Tranexamic Acid

FOR: \_\_\_\_\_

FROM THE KITCHEN OF: \_\_\_\_\_

PREP TIME: \_\_\_\_\_ COOK TIME: \_\_\_\_\_ SERVES: \_\_\_\_\_

## INGREDIENTS:

1g Tranexamic acid tablets

1 Saline Soaked gauze

Crush Tablets

Mop up with saline soaked gauze

Apply to wound BID



# RECIPE

Tranexamic Acid Mouthwash

FOR: \_\_\_\_\_

FROM THE KITCHEN OF: \_\_\_\_\_

PREP TIME: \_\_\_\_\_ COOK TIME: \_\_\_\_\_ SERVES: \_\_\_\_\_

## INGREDIENTS:

500mg Tranexamic acid tablet

10mL Warm Water

Crush Tablet

Mix with warm water

Rinse and spit or swallow QID



# RECIPE

Tranexamic Acid Enemas

FOR: \_\_\_\_\_

FROM THE KITCHEN OF: \_\_\_\_\_

PREP TIME: \_\_\_\_\_ COOK TIME: \_\_\_\_\_ SERVES: \_\_\_\_\_

## INGREDIENTS:

5g Tranexamic acid tablets

50mL Warm water

Crush Tablets

Mix with water

Instill PR or PV

Start BID, then daily, decrease frequency  
as able

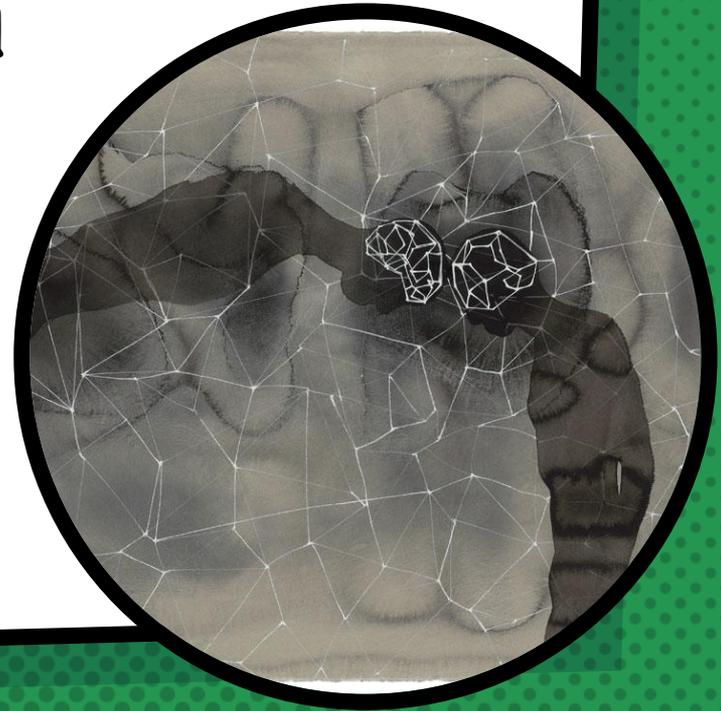


## ***ADRENALINE/EPINEPHRINE***

- × → Vasoconstriction
- × Soaked gauze, 1mg/ml suggested with pressure for 10 minutes
- × Be wary of necrosis, rebound once it wears off

# ***ANTIBIOTICS***

- × Swabs are usually useless (mixed flora)
- × Metronidazole
  - × Powder (crushed tablets)
  - × Cream
  - × Systemic: Oral/Parenteral



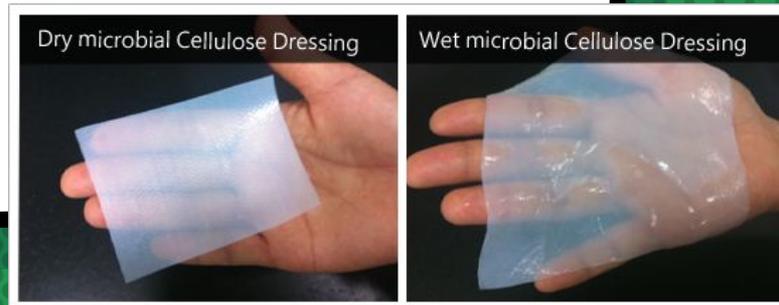
## ***CALCIUM ALGINATE***

- × Seaweed based dressing
- × Oozing tumors
- × Can be changed without debridement



## ***CELLULOSE***

- × Collagen-like
- × Turns into gel
- × Doesn't delay healing





# ***PULMONARY***

Hemoptysis is common – presenting symptom in 10% of lung patients, and 20% of lung ca patients will have hemoptysis at some point. Presentation may be acute or chronic.

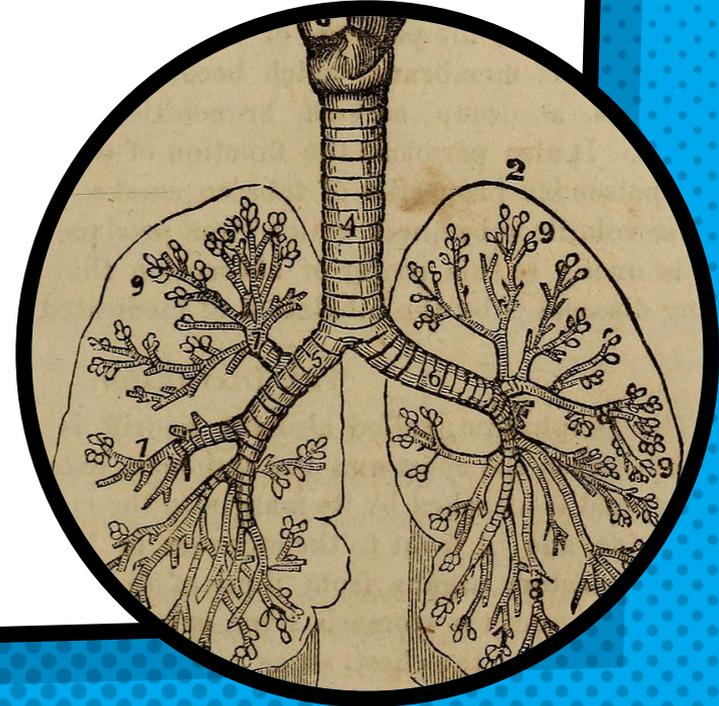
## **How much blood?**

Consider volume and duration  
(600mL considered massive,  
mortality 60–100%)

## **How ill/frail is the patient?**

## **Consider:**

- IVF, transfusions
- Suctioning
- Position on side, bleeding side down
- Tranexamic acid
- Bronchoscopy for Dx, Tx and/or Workup
- XRT (usually 1 tx and very effective)
- Terminal bleed orders



**UPPER GI (ESOPHAGEAL VARICES, GASTRIC)**

**LOWER GI**

**GYNE (UTERINE/CERVICAL)**

**GU (BLADDER)**

- × Think about context
- × Consider standard approach
- × ? Radiation, Endoscopy, Transexamic acid, and 'Topical' approaches, Embolization [IR], Surgical removal of bleeding site

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**THANKS!**

Any questions?

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