

VAGINAL BLEEDING (UPREG NEG)

POSTPARTUM HEMORRHAGE	NONPREGNANT																																	
<p>GIVE BLOOD BACK (consider MTP)</p> <p>TONE: Massage +</p> <table border="1" data-bbox="56 535 836 871"> <thead> <tr> <th>Med</th> <th>Dose</th> <th>Contraindication</th> </tr> </thead> <tbody> <tr> <td>Pitocin</td> <td>20u IV OR 10u IM</td> <td></td> </tr> <tr> <td>Misoprostol (cytotec)</td> <td>1mg PR OR 1000mcg SL</td> <td></td> </tr> <tr> <td>Methylergonovine (methergine)</td> <td>0.2mg IM</td> <td>HTN</td> </tr> <tr> <td>Carboprost (hemabate)</td> <td>250mcg IM</td> <td>Asthma, cardiac, renal dz</td> </tr> </tbody> </table> <p>TISSUE: Normal placenta: 500-600g, 15-20cm US is no good</p> <p>THROMBIN: TXA 1g IV if < 3 hours NNT = 267</p> <p>TRAUMA: Chronic for lacerations</p> <p>Vaginal packing: Kerlex soaked in acetone, blood pressure cuff</p> <p>Uterine packing: Foley with sutured condom, Blakemore Volumes: 100-600cc</p>	Med	Dose	Contraindication	Pitocin	20u IV OR 10u IM		Misoprostol (cytotec)	1mg PR OR 1000mcg SL		Methylergonovine (methergine)	0.2mg IM	HTN	Carboprost (hemabate)	250mcg IM	Asthma, cardiac, renal dz	<p>WORKUP:</p> <ul style="list-style-type: none"> • Pelvic (cervical/vaginal wall) • CBC, TSH, chemistry, INR, upreg • vWF, ristocetin, factor VIII ONLY IF history of big bleed or ≥ 2 nosebleeds, bruising, gum bleeding, or family hx • If stable: low utility for US <p>DIFFERENTIAL: Structural: fibroids, polyps, lacs Systemic: thyroid problem, coagulopathy Malignancy: Esp in postmenopausal</p> <p>MANAGEMENT: If unstable: BLOOD + gyn + TXA 10mg/kg IV unless hx clots estrogen 25mg IV If stable:</p> <table border="1" data-bbox="852 1102 1583 1459"> <thead> <tr> <th>Med</th> <th>Dose</th> <th>Contraindication</th> </tr> </thead> <tbody> <tr> <td>NSAIDs</td> <td>ATC x3D</td> <td>Ulcers, renal dz</td> </tr> <tr> <td>TXA (lysteda)</td> <td>650-1300 mg PO TID x 5D</td> <td>Clots, keeps you fertile</td> </tr> <tr> <td>Medroxyprogesterone (provera)</td> <td>20mg PO TID x7d</td> <td>Clots, - uterus lining but + ovulate</td> </tr> <tr> <td>Combined OCP (30-35 mcg ethinyl estradiol)</td> <td>1 pill TID x 7d</td> <td>Clots, migraine, HTN, breast, liver, heart dz</td> </tr> <tr> <td>Iron + vitamin C</td> <td>300mg BID, 75mg QD</td> <td></td> </tr> </tbody> </table> <p>FOLLOW UP: Gyn for biopsy, IUD</p>	Med	Dose	Contraindication	NSAIDs	ATC x3D	Ulcers, renal dz	TXA (lysteda)	650-1300 mg PO TID x 5D	Clots, keeps you fertile	Medroxyprogesterone (provera)	20mg PO TID x7d	Clots, - uterus lining but + ovulate	Combined OCP (30-35 mcg ethinyl estradiol)	1 pill TID x 7d	Clots, migraine, HTN, breast, liver, heart dz	Iron + vitamin C	300mg BID, 75mg QD	
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<p>TORSION FACTS!</p> <ul style="list-style-type: none"> • Exam for Adnexal masses: 5% sensitive, 99% specific • 25 % of torsion occurs in patients with normal-sized ovaries • Preserved flow on ultrasound in torsion: can be venous congestion or intermittent torsion 	<p>PEDI GYN</p> <ul style="list-style-type: none"> • If sexual assault (parents not suspected): notify parents • All other gyn conditions: patient consent prior to parental notification • Vaginal lacerations do not mean nonconsensual. 																																	