



Massive Hemorrhage (Bleeding)

One of the most unsettling experiences for patients, families and healthcare providers (HCPs) alike is a massive hemorrhage event. All HCP's, within their scope of practice, play an integral role in supporting patients and families during a massive hemorrhage through teaching, prevention, and management strategies.

1

Understand

HCPs must understand the patient's underlying condition(s) that increase their risk of a massive hemorrhage:

- lesions growing near veins or arteries or with own blood supply (i.e. tumours, malignant wounds)
- tissue damage related to an underlying condition (i.e. infection, aneurysm, cancers)
- conditions that make the patient more prone to bleeding (i.e. thrombocytopenia)
- treatments making the patient more prone to significant bleeding (i.e. anticoagulating medications)

Bleeding may occur superficially (i.e. from a wound) or internally (i.e. into a body cavity). Internal bleeding may be contained inside a body cavity or exit the body through an opening (i.e. urethra, rectum, mouth – coughing or vomiting, nostrils, ear canal). Blood loss may be slow or fast

Massive hemorrhage can cause a patient's functional status to decline. Death may occur as a result of rapid blood loss; this is sometimes referred to as a 'terminal' hemorrhage or bleed

2

Communicate

Patients, their families and HCPs who are unaware of and unprepared for potential massive hemorrhage are at risk of greater trauma by experiencing the bleeding event without needed support or supplies.

Discuss the patient's goals of care with the patient and/or SDM. Educate the patient, family members, and the HCP team about risk, prevention and management of a massive hemorrhage. Confirm their understanding and discuss their concerns

Resources:

- [Victoria Hospice Society's Discussion Pamphlet on Hemorrhage for Patients & Families](#)
- [Ariadne Labs' Serious Illness Conversation Guide for strategies on discussing topics like Massive Hemorrhage with a patient](#)
- [Pallium Pocketbook, 2018](#)

3

Prevent

While massive hemorrhage can occur spontaneously, HCPs must work with patients at risk for massive hemorrhage to develop a care plan to reduce added risk. Consider:

- starting treatments that minimize bleeding (i.e. oral tranexamic acid, hemostatic wound products)
- stopping medications that contribute to increased bleeding managing symptoms that increase risk of bleeding (i.e. antitussives to reduce cough in hemoptysis)
- protecting tissues at risk of breakdown & bleeding (i.e. wound care products to reduce trauma to fragile wound bed and peri-wound skin)

4

Plan

Develop a plan to manage a massive hemorrhage event in keeping with patient's goals of care. Review this plan regularly with the patient and their team. Consider including:

- Keep dark coloured towels or bedding near the patient; use dark plastic bags to collect soiled linens for laundering or disposal
- Ensure Emergency orders for Massive Hemorrhage are available for rapid sedation: Midazolam 5mg Subcut Q 5 mins X3 and call MRP (Pallium, 2018)
- Patients can lose consciousness quickly once massive hemorrhage begins.
- If massive hemorrhage occurs, do your best to be calm
- Remain with patient for the entire hemorrhage, and family (if present).
- Contact HCPs for assistance
- Cover external bleeding with dark towels/sheets
- If bleeding occurs from the face or neck, position the patient for postural drainage of the blood. Do not attempt to control blood by inserting cloths, suctioning, or covering the face. Applying pressure to the site will not stop massive hemorrhage and can cause discomfort
- If timing permits, sedating medication may be administered to an awake or agitated patient. There is no need to administer sedatives to an unconscious patient