

Do you know how to treat someone with a bleeding disorder?

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An event occurred in the emergency department that hopefully will summarize what I would like to communicate to all emergency personnel.

A 20-year-old male with severe factor VIII hemophilia had ridden his bike off a four-foot loading dock, landing face first on the pavement. There apparently was a brief loss of consciousness. An onlooker called 911. Upon arrival of the paramedic crew, the patient explained his condition and asked if he could infuse his clotting factor. The patient's home was nearby. This was denied. On arrival at the emergency department, he was triaged. He was frantic that he infuse his factor right away, stating he was capable of doing so himself. This request was also refused. He was sent directly to the waiting room; no ice was offered. He applied pressure to the laceration on his forehead. At this point, the triage nurse felt he was stable. She saw a laceration that could wait, and there were more urgent cases ahead of this man. This patient was aware of the signs and seriousness of hitting his head but, unfortunately, the health care worker, with little or no awareness of hemophilia, did not understand nor listen. To a person with a bleeding disorder, this is a life-threatening bleed. Delays in administering factor concentrate could have serious consequences.

At a young age, a person with hemophilia learns to recognize and treat bleeding episodes. One bleeding episode that is potentially life-threatening and should always be treated as an emergency is a head injury. Any trauma to the head in a person with hemophilia is considered an emergency, even when there are no obvious signs and symptoms. Bleeding can take place inside the brain several days later. It is very important to treat with factor concentrate as soon as possible, and then further diagnostic tests such as a CAT scan can be ordered later.

When this patient's mother arrived in the emergency department, she explained at triage that she brought his factor with her and explained that she must infuse him. She was denied and told that a physician must assess him first and then the nurses would get the proper orders.

This was a very frustrating and unnecessary experience that could have had serious consequences. Hemophilia treatment comprehensive care centres spend significant time educating patients and their families so that they become better informed about managing their own disease. With education, people with

hemophilia are having fewer emergency room visits. At times, though, individuals will require help in an emergency department. In order to receive appropriate fast management, the Canadian Hemophilia Society has developed guidelines and suggestions such as **The Emergency Room: Prepare to Succeed – a guide to the ER for persons with bleeding disorders**. These guidelines can be found on the website www.hemophilia.ca. The American site, www.hemophilia.org, also has good information. If emergency room staff could read this information and remember Factor First, then they would be prepared to treat someone with a bleeding disorder. 

About the author

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