For questions concerning this pathway, Click Here
Last Updated May 4, 2015
**Inclusion Criteria**
- Post-menarchal female with heavy bleeding

**Assess for contraindication to estrogen based on CDC/WHO medical eligibility criteria**

**Iron**
- FeSO4 325mg BID Dosing

**Iron**
- FeSO4 325mg BID Dosing

**High dose of NSAIDs**
- If no contraindication
- Naproxen
- 10-15 mg/kg/day BID dosing
- May offer OCP per pt/family preference

**HGB > 11**
- Yes
  - OCP Therapy: Daily starting immediately.
  - Continue for normal pack dosing.
- No
  - OCP Therapy:
    - STEP 1: q12h until bleeding stops
    - STEP 2: Daily pills

**HGB 10 - 11**
- Bleeding SLOWING
- Yes
  - OCP Therapy:
    - STEP 1: q12h until bleeding stops
    - STEP 2: Daily (without placebos) until HGB > 10
- No
  - DISCHARGE
    - Reevaluate in 3 months OR if symptoms change
    - May follow-up with Adolescent Medicine

**HGB 9 - 10**
- Yes
  - OCP Therapy:
    - STEP 1: q12h until bleeding stops
    - STEP 2: Daily (without placebos) until HGB > 10
- No
  - DISCHARGE
    - Reevaluate in 3 months OR if symptoms change
    - May follow-up with Adolescent Medicine

**HGB 8 - 9**
- Yes
  - OCP Therapy:
    - STEP 1: q6h for 2 days
    - STEP 2: q8h for 3 days
    - STEP 3: q12h for 14 days
    - STEP 4: Daily (without placebos) until HGB > 10
    - Consider Ondanestron 2h prior to OCP Therapy.
- No
  - DISCHARGE
    - Follow-up with Adolescent Medicine in 5 to 7 days for CBC and Bleeding Assessment

**HGB < 8**
- Yes
  - OCP Therapy:
    - As soon as possible in ED
- No
  - DISCHARGE
    - Consider Consult/Call Adolescent Medicine for treatment recommendations.

**Admit Criteria**
- 1) Concerns about adherence/treatment/transportation
- 2) Continued heavy bleeding
- 3) Unstable vital signs
- 4) Persistently symptomatic
- OR

**Discharge Criteria**
- Stable vital signs
- Follow-up plan in place
- Patient able to obtain medication prior to or upon discharge

**Oral Contraceptive Pills (OCP)**
- Inpatient
  - Nortrel
  - Outpatient
  - Monophasic OCP with 30 or 35 mcg ethinyl estradiol
  - Options: Nortrel, Lo Ovral, Necon 1/35, Sprintec or Mononessa

**Discharge Instructions**
1. Review of thrombosis with estrogen-containing medication. Signs and symptoms of DVT/PE should be explained and instructions given on what to do should patient experience.
2. Clear dosing instructions for OCPs with taper instructions written with times and dates of pills until follow-up.
3. Prescription should be sent to pharmacy with instructions to dispense 3 packages of Nortrel for ICD9: 626.2 + prescription to outpatient pharmacy. Uninsured patients should have prescription for Ortho-Cyclen or Sprintec.
4. Review what to do should patient start bleeding on therapy.
ABNORMAL UTERINE BLEEDING
HEAVY MENSTRUAL BLEEDING IN ADOLESCENTS
INPATIENT TREATMENT PATHWAY

**INCLUSION CRITERIA**
Post-menarchal female with heavy bleeding
- HGB < 8
- HGB < 9 - 10 with:
  1) Concerns about adherence/treatment/transportation AND
  2) Continued heavy bleeding OR Unstable vital signs

- Begin Treatment Immediately
- Start pad count for objective measure of bleeding
- Consider transfusion needs on individual basis
- Consider Adolescent Medicine consult
- Consider Hematology consult if bleeding screen positive or results of screening tests positive

**Discharge Instructions:**
1. Review risks of thrombosis with estrogen-containing medication. Signs and symptoms of DVT/PE should be explained and instructions given on what to do should patient experience.
2. Clear dosing instructions for OCPs with taper instructions written with times and dates of pills until follow-up.
3. Prescription should be sent to pharmacy with instructions to dispense 3 packages of Nortrel for ICD9: 626.2 + prescription to outpatient pharmacy. Uninsured patients should have prescription for Ortho-Cyclen or Sprintec.
4. Review what to do should patient start bleeding on therapy.

**OCP Therapy:**
STEP 1: q6h for 2 days
STEP 2: q8h for 3 days
STEP 3: q12h for 14 days
STEP 4: Daily (without placebo) until HGB > 10

**DISCHARGE CRITERIA**
- Stable vital signs
- Follow-up plan in place
- Patient able to obtain medication prior to or upon discharge

Follow-up with Adolescent Medicine in 3 to 5 days for CBC and Bleeding Assessment

**Sample of absolute contraindications to estrogen**
- History of migraine headache with aura
- Personal history of DVT/PE/CVA or known clotting disorder
- Malignant HTN
(Refer to CDC recommendations for additional contraindications)

**EXCLUSION CRITERIA**
- Pregnancy
- Active malignancy
- Intolerance to PO medication

**Oral Contraceptive Pills (OCP)**
**Inpatient**
Nortrel
**Outpatient**
Monophasic OCP with 30 or 35 mcg ethinyl estradiol
Options: Nortrel, Lo Ovral, Necon 1/35, Sprintec or Monesna

**Discharge Instructions:**
1. Review risks of thrombosis with estrogen-containing medication. Signs and symptoms of DVT/PE should be explained and instructions given on what to do should patient experience.
2. Clear dosing instructions for OCPs with taper instructions written with times and dates of pills until follow-up.
3. Prescription should be sent to pharmacy with instructions to dispense 3 packages of Nortrel for ICD9: 626.2 + prescription to outpatient pharmacy. Uninsured patients should have prescription for Ortho-Cyclen or Sprintec.
4. Review what to do should patient start bleeding on therapy.