

**CARE OF THE PATIENT WITH POTENTIAL FOR HEMORRHAGE**

**OBJECTIVES:**

1. To detect and prevent hemorrhage and prevent shock.
2. To promote recovery.

**PROCESS STANDARDS:**

1. The patient's vital signs (VS) (T, P, R, BP) will be taken a minimum of every 8 hours or more frequently if ordered by MD and/or as indicated by the patient's condition. A more in depth assessment, e.g. lung sounds, peripheral pulses, will be based on the VS findings.
2. The patient's surgical site, if applicable, will be assessed for drainage at least every 8 hours and/or as indicated by patient condition.
3. The patient's skin and mucous membranes shall be assessed for signs of bleeding: petechiae; purpura; hematomas; oozing from IV sites, drains, wounds; bleeding from mucous membranes of the mouth, around the catheter etc.
4. Drainage in collection devices will be measured and documented at least every 8 hours.
5. The patient's urine, feces, vomitus or gastric tube drainage will be measured and observed for color, consistency, and odor, when applicable.
6. The patient will be assessed for apprehension, restlessness, thirst, or cool, moist, pale skin.
7. The physician will be notified of significant changes in VS or physical assessment and START/Code Blue/EMS will be activated per policy.
8. The patient will be instructed regarding condition as well as signs/symptoms to be reported to the nurse.

**OUTCOME STANDARDS:**

**At the time of discharge:**

1. VS will have been stable for the 24 hours prior to discharge.
2. Excessive bleeding will have been absent for the 24 hours prior to discharge.
3. Complications related to hemorrhage will be minimized.
4. The patient/significant other will express understanding of home and follow-up care.

**HAVE I DOCUMENTED:**

\* Vital signs

Presence of peripheral pulses as indicated by condition

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### **HAVE I DOCUMENTED continued:**

- \* Site of potential hemorrhage
  - Surgical site
  - Drainage site
  - Output from drainage collection devices
- \* Mental status
  - Apprehensive
  - Calm
  - Restless
- \* Skin color
  - Temperature, movement and sensation of extremities as applicable
- \* Patient/Family Education
  - Signs and symptoms of hemorrhage
  - Deteriorating Condition protocol-the patient/family will notify nursing management when they believe that more clinical action is needed than is being provided

### **At The Time of Discharge:**

- \* VS stable for past 24 hours
- \* Excessive bleeding absent for past 24 hours
- \* Patient/family has understanding of home and follow-up care

### **Reference:**

1. Administrative Directive 7.2.1 Emergency Transport of Seriously Injured/Ill Employees, Visitors, or Patients [http://www.sh.lsuhs.edu/policies/policy\\_manuals\\_via\\_ms\\_word/Admin/7.2.1.pdf](http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Admin/7.2.1.pdf)
2. Hospital Policy 5.12.0 Code Blue Resuscitation Team  
[http://www.sh.lsuhs.edu/policies/policy\\_manuals\\_via\\_ms\\_word/hospital\\_policy/h\\_5.12.0.pdf](http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_5.12.0.pdf)
3. Hospital Policy 5.45.0 START (Shock Treatment and Resuscitation Team)  
[http://www.sh.lsuhs.edu/policies/policy\\_manuals\\_via\\_ms\\_word/hospital\\_policy/h\\_5.45.0.pdf](http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_5.45.0.pdf)
4. Urden, L. et. al. *Thelan's Critical Care Nursing: Diagnosis and Management*, 5<sup>th</sup> ed., (2006). Chapter 38, *Hypovolemic Shock*. Accessed 11/9/2009 [Mosby's Nursing Consult - Reference Books](#). St. Louis: Mosby Elsevier.
5. Shirato, S. Evidence Based Nursing Monographs-*Disseminated Intravascular Coagulation*. (10/28/2007). Accessed 11/10/2009 [Mosby's Nursing Consult - Evidence-Based Nursing](#). St. Louis: Mosby Elsevier
6. Swearingen, P. *Manual of Medical-Surgical Nursing Care*, 6<sup>th</sup> ed. (2007). Chapter 8: *Hematologic Disorders-Section 2, Disorders of Coagulation*. Accessed 11/9/2009 [Mosby's Nursing Consult - Reference Books](#). St. Louis: Mosby Elsevier.