



NATIONAL HEMOPHILIA FOUNDATION

*for all bleeding disorders*

# MASAC **FOR YOU**

Guidelines for Emergency Department Management  
of Hemophilia and Other Bleeding Disorders



## SELF-ADVOCACY

No one knows your health and your body better than you. These guidelines can help you and the people who care for you speak up for what you need when you visit an emergency department for medical care.



## ADMISSION

**ALERT** staff that you have a bleeding disorder as soon as you arrive.

**PROVIDE** your hematologist or primary care physician's contact information and ask that they call and speak with them.

**ADVOCATE** for staff to give you the medication you use to treat your bleeding disorder as soon as you're admitted, rather than waiting to meet with the doctor or to have tests like lab work or X rays.



## ASSESSMENT

**SHARE** a copy of the medication dosing guidelines from your hematologist with the emergency department. Some Hemophilia Treatment Centers call this a "travel letter".

**EXPLAIN** that treatment decisions should be made based on a suspected bleeding-related problem and should not wait for test results.

## DIAGNOSIS



**ADVOCATE** for getting the medication you use to treat your bleeding disorder before any tests to find the cause of the problem (X-rays, CT scans, etc.), especially in the case of head injury or suspected bleeding in the brain.

**REMINd** the provider that imaging is NOT recommended for routine joint bleeding.

**PRETREAT** before surgery or invasive procedures to get your factor levels to 100% with the medication you use to treat your bleeding disorder.

**REMINd** the emergency department provider that routine lab tests are not needed to treat a common bleeding episode unless asked for by your hematologist.

## TREATMENT

**Signs for when you should use your medication for treating bleeds include:**



- Suspected bleeding into a joint or muscle
- Any serious injury to the head, neck, mouth or eyes or sign of bleeding in these areas
- Any new or unusual headache, particularly one following injury
- Severe pain or swelling at any site
- An open wound needing stitches, adhesive, or steri-strips
- History of an accident or trauma that might result in internal bleeding
- Any invasive procedure or surgery
- Heavy or continuous bleeding from any site
- Stomach bleeding leading to moderate or severely low iron levels
- Broken bones, dislocations, and sprains
- Heavy menstrual bleeding leading to moderate to severely low iron levels or low blood volume

### MASAC GUIDELINES FOR REFERENCE

**MASAC Document 257** - Guidelines for Emergency Department Management of Individuals with Hemophilia and Other Bleeding Disorders

**MASAC Document 258** - Recommendation on the Use and Management of Emicizumab-kxwh (Hemlibra®) for Hemophilia A with and without Inhibitors

**MASAC Document 260** - Management of Chronic Pain in Persons with Bleeding Disorders: Guidance for Practical Application of The Centers for Disease Control's Opioid Prescribing Guidelines

**MASAC Document 263** - MASAC Recommendations Concerning Products Licensed for the Treatment of Hemophilia and Other Bleeding Disorders

**MASAC Document 264** - MASAC Recommendations Regarding Diagnosis and Management of Inherited Bleeding Disorders in Girls and Women with Personal and Family History of Bleeding

**MASAC Document 265** - MASAC Guidelines for Pregnancy and Perinatal Management of Women with Inherited Bleeding Disorders and Carriers of Hemophilia A or B

**MASAC Document 266** - MASAC Recommendations Regarding the Treatment of von Willebrand Disease