# Pediatric Vaginal Bleeding

For vaginal bleeding in the NON-pregnant patient. For vaginal bleeding in pregnancy, use primary impression Adult Pregnancy Complications.

## History
- Age
- Amount of bleeding (volume and duration)
- Trauma/sexual assault
- Comorbid illnesses/medications (e.g., hormone therapy, anticoagulants)
- Other bleeding/bruising

## Signs and Symptoms
- Dysuria
- Abdominal pain
- Vaginal discharge
- Fever/chills

## Differential
- UTI/cystitis
- Sexual assault
- Straddle injury
- Foreign body

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<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>Cardiac monitor</td>
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<td>Consider 12-Lead ECG</td>
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<tr>
<td>Establish two large bore IVs if hemodynamically unstable</td>
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<td>If age-dependent hypotensive</td>
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<td>Normal Saline bolus IV/IO</td>
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<td>May repeat x2</td>
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<tr>
<td>Consider, Ondansetron</td>
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<td>For pain consider, Fentanyl</td>
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- Notify receiving facility. Consider Base Hospital for medical direction.

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**Pearls**
- For suspected sexual assault, complete and submit mandated reporting form and consider notifying law enforcement.
- Vaginal bleeding can be a normal physiologic finding in infant females.
- Amount of bleeding best determined by number of fully saturated pads per hour.
- If patient has passed tissue, collect and properly secure for transport.