



Pediatric Vaginal Bleeding

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

<p>History</p> <ul style="list-style-type: none"> • Age • Amount of bleeding (volume and duration) • Trauma/sexual assault • Comorbid illnesses/medications (e.g., hormone therapy, anticoagulants) • Other bleeding/bruising 	<p>Signs and Symptoms</p> <ul style="list-style-type: none"> • Dysuria • Abdominal pain • Vaginal discharge • Fever/chills 	<p>Differential</p> <ul style="list-style-type: none"> • UTI/cystitis • Sexual assault • Straddle injury • Foreign body
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P	Cardiac monitor
	<i>Consider, 12-Lead ECG</i>
	Establish IV; if unable, establish IO
	If age-dependent hypotensive Normal Saline bolus IV/IO <i>Use length-based tape; refer to dosing guide</i> May repeat x2
	<i>Consider, Ondansetron</i> <i>Use length-based tape; refer to dosing guide</i>
	For pain, <i>consider, Fentanyl</i> <i>Use length-based tape; refer to dosing guide</i>

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 <p>Notify receiving facility. Consider Base Hospital for medical direction</p> 
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Pearls

- For suspected sexual assault, complete and submit mandated reporting form and consider notifying law enforcement. Transport the patient to San Mateo Medical Center for SART services.
- 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.