

Haemorrhage and bleeding

About emergencies fact sheet

The sight of blood evokes a primal response of panic and fear in most people.

Haemorrhage means excessive bleeding that is difficult to stop.

When a person is haemorrhaging it is difficult to tell how serious it's going to be.

Bleeding is common, Haemorrhage is rare, and a severe acute haemorrhage leading to death is very rare, even though the conditions that can lead to it are relatively common.

Bleeding

Bleeding occurs when the skin or the lining of body cavities is broken. It can sometimes be obvious (blood on the floor) but at other times it can be internal and hidden e.g. bruising is a result of blood seeping into the skin tissues.

Small blood cells called *platelets* and compounds called clotting agents combine to create a plug to seal a wound. If they are depleted e.g. through chemotherapy or a drug reaction, clotting can be delayed.

Sometimes minor injury such as a bump, a scratch, the removal of a dressing from a wound, or the passing of a constipated motion can cause bleeding in someone who is predisposed through illness.

Cancer, cancer treatment and some medications (particularly aspirin) can lead to a person bleeding more easily because of their effect on small blood vessels and/or the body's clotting mechanisms.

Some illnesses cause intermittent smaller haemorrhages which while not fatal can be distressing.

In some situations such as cancer of the lung, oesophagus, or stomach, blood may be coughed or vomited up. These can often be managed with radiotherapy or medications.

Illnesses like acute leukaemia may cause bleeding which may be internal, and is managed with transfusion and medication.

Repeated nosebleeds, blood in the urine, stools, sputum or vomit, and bleeding unexpectedly from the vagina or rectum, need to be reported to your doctor or nurse and followed up.

What can I do?

Spotting or streaks of blood need to be reported to your doctor or nurse, but are not usually urgent.

A plan to control the bleeding and any associated symptoms can be developed with you by your doctor or nurse.

As any bleeding tends to be a cause of worry, trust your own judgement and call your doctor or nurse if you are concerned.

Remember

- Most bleeding will stop of its own accord.
- Gentle sustained pressure for three minutes or more on an obvious bleeding point will control most bleeding.
- Constant dabbing at a bleeding point will wipe away any forming clot and often prolong the bleeding episode.

Haemorrhage

On very rare occasions, cancers can erode through major blood vessels in the body and cause a haemorrhage. There is usually very little warning that it is about to happen. Most often the bleeding will be internal and hidden, causing a sudden deterioration in condition.

Bleeding that is external and severe is frightening and distressing for the person who are witnessing it, as well as for the person who is experiencing it. The person can die very quickly, within minutes.

Like other situations in palliative care, the possibility of haemorrhage can often be anticipated and a plan prepared with your doctor or palliative care team. Certain cancers and conditions are more likely to be prone to haemorrhage.

Making a plan

It is important for carers to have a plan in place if there is a risk of haemorrhage. Discuss what to expect and how to react with your doctor or nurse.

A plan will normally include:

- a list of contacts available to call if you are alone;

- whether or not it is appropriate to call an ambulance;
- adequate supplies of dark towels and linen - these make blood loss less obvious, and will go a long way toward allaying anxiety; and
- a crisis order for medication and instruction in how to use and administer it.

Signs of severe haemorrhage

If a person is having a large internal bleed they will exhibit most of the following:

- Suddenly becoming tired and weak;
- Pale, cold, clammy skin;
- Sudden irritability, and restlessness/panic;
- Rapid heart rate and breathing; and
- Loss of consciousness.

What to do

It is important not to panic as this will not help the person you are caring for or yourself.

If you are alone with the person, call for assistance then:

- Stay with the person while they are conscious till help comes;
- If appropriate, wear gloves and other protective clothing;
- Remain calm, talk quietly and reassuringly;
- Keep the person warm with extra blankets;
- Don't try and keep the person awake as this will only add to the stress of the situation;
- Use dark coloured towels and linen to minimise the sight of blood; and
- If available give medications (crisis orders).

Crisis order medications

These are useful but not always needed.

When a situation such as haemorrhage is anticipated, Crisis Order Medications are often prescribed to be available drawn up ready for use by injection.

These are usually a combination of a quick acting sedative and a painkiller so that the person is made comfortable and is less aware of their situation.

The doses that are used are designed to deeply sedate the person and prevent distress while dying: it is not designed to terminate the life of the person.

While relieving the person's distress, the medication also allows time to call for assistance and guidance.

Remember it is a rare event.

Related Fact Sheets

Emergencies in Palliative Care

CONTACT DETAILS

Palliative Care South

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