

Bleeding Disorder Basics for Residential Substance Use Disorder (SUD) Treatment Facility Staff

About Bleeding Disorders (BD): Bleeding disorders are life-long, genetic conditions that make it harder for a person's blood to clot. Bleeding can occur under the skin, and into muscles, joints, or elsewhere. People with BD work with their medical teams and are trained to recognize the early signs of bleeding, which are often not visible. It is important to listen when someone with a bleeding disorder says that they are having a bleed whether or not you see any visible signs of a problem.

Medications: Many people with BD take medicine intravenously or by injection to prevent bleeding, or to control acute bleeding that may occur despite preventive treatment. Treating with these medications requires the use of needles or some other form of intravenous access, such as a butterfly needle. Some individuals with milder bleeding disorders may use oral medication (such as aminocaproic acid (Amicar) or tranexamic acid (Lysteda)) or nasal sprays for treatment of bleeding episodes. Lysteda, in particular, is frequently used to treat heavy menstrual bleeding. In most situations, the individual with a bleeding disorder is able to self-administer their medication. Most medications for BD cannot be dispensed by a retail pharmacy and require the use of a specialty pharmacy. Most patients have pre-existing relationships with specialty pharmacies that can provide access to their bleeding disorder medications.

Internal bleeding causes pain. Clotting medication is not a pain reliever but is taken to stop the bleeding and allow the blood to clot. Treating bleeds early avoids complications and long-term disability and gets people back to their regular activities. People with BD do not require laboratory work on a consistent basis.

Manufacturers typically recommend storing products in the refrigerator, although many are stable at room temperature for a limited time. Products should never be frozen. Medications requiring refrigeration should be kept in a refrigerator in the same area where other medications are stored. Do not let a refrigerated product come to room temperature and then refrigerate it again.

Key points to remember:

- **Most bleeds are not emergencies:** Most accidents, even without visible injury, should be addressed with first aid, rest and ice. Consult the patient's emergency plan and call the hematology team if you need help.
- **You have time to figure it out:** People with bleeding disorders do not bleed faster than others, just longer. You have time to check the treatment plan, or call the hematology team, if necessary.
- **Trust the patient's self-assessment:** When a person says that they are in pain or have a bleed, trust them. People with bleeding disorders are experts in their condition. Ask the individual if they need to get a dose of their medication.
- **Use acetaminophen to treat pain.** Never give someone with a bleeding disorder aspirin, ibuprofen or naproxen (Advil, Aleve, Motrin). These medications make the bleeding worse. Only use acetaminophen (Tempra, Tylenol). When acetaminophen is inadequate, the selective COX-2 inhibitor celecoxib (Celebrex) may be another option for pain control, provided that it is prescribed for the patient by a healthcare provider.
- **Emergencies:** Some bleeds require prompt, emergency care; emergency treatment recommendations may be sent with a patient to the treatment facility. Call the patient's hematology team and 911 immediately, if the person injures their:
 - Head
 - Throat
 - Abdomen
 - Eyes

