

Draft Letter from the Hemophilia Treatment Center (HTC) to the Substance Use Disorder (SUD) Treatment Facility Regarding the Stability of a Bleeding Disorder (BD) Patient

Patient Name: *[insert patient name]*

This patient has *[insert diagnosis]*

Maintained on *[insert medication]*

Inherited bleeding disorders are lifelong genetic conditions with no known cure. Recent medical advances and the development of medications to treat bleeding disorders have allowed providers to make strides in the care of patients. These medications can be used prophylactically to prevent bleeding or to treat bleeding. We believe that the current medications that *[insert patient name]* is taking, significantly decreases their risk of spontaneous bleeding and bleeding related to routine activities of daily living.

There are no restrictions for activities except participation in activities that could result in significant physical injury (ex: football, wrestling, hockey, contact martial arts, etc.)

The patient does not require any medical supervision at your facility but may need to self-administer their bleeding disorder medication while there. This medication is routinely self-administered either subcutaneously or intravenously. *[insert patient name]* is fully competent to self-administer their medication.

[] With access to medication in the stable environment that your facility provides, we are confident that the patient's bleeding disorder will be sufficiently controlled for admission to *[insert facility name]*. We are available and will assist with the patient's bleeding disorder management plan while they receive treatment at *[insert facility name]*.

Thank you for your time and collaboration,

[insert signature of provider]

[insert date]

[insert clinic/day phone number]

[insert emergency/ on-call phone number]



BD SUMHAC
Bleeding Disorders Substance Use &
Mental Health Access Coalition