

## Head Strike with Bleeding Disorder

For Use in Patient with **known bleeding disorder.**  
 (ie. Hemophilia, anticoagulant therapies, etc.)

Verbally alert all providers in room that patient has known bleeding disorder/condition

Simultaneously designate point person (Ward Clerk or Charge Nurse) to locate patient's original Apex Chart via Full Name.  
*(If available, Open chart Marked for Merge)*

**Print Hematology Care Coordination Note**  
*This will have Explicit instructions on how to manage patient*

Upgrade to **Trauma PARTIAL** activation in Closed Head Injury with Bleeding Disorder or Anticoagulation Treatment

Obtain Trauma labs (Must include CBC) **and** Factor Level (Blue Top)

Immediately Page to On-Call Heme Fellow/Attending (**"TRAUMA HEME STAT"**) who will be in consultation with Dr. Alison Matsunaga  
 Call back must be directed to ED ATTENDING or FELLOW

The following actions DO NOT need to be sequential.  
 These can be completed **SIMULTANEOUSLY.**  
 Both must be completed without delay.

Obtain Head CT

Give Factor

Head CT *without* Bleeding

Head CT **WITH** Bleeding  
 (MUST ADMIT TO PICU)

Obtain post-Factor administration level (from different IV site than administration site)

Ensure patient was treated as above **and** has Hematology follow up for next day

**ENSURE FACTOR IS INFUSING**

Patient will admit to OR or PICU based on clinical care team recommendations.

Continue to follow Hematology recommendations on lab schedule and continued care.

Factor brought in from home **or** obtained from Pharmacy may be used -- *whichever is most expeditious*

If no Care Coordination Note, **Advate 50u/kg** can be obtained from pharmacy and given to patients without inhibitor.