**MAJOR/LIFE-THREATENING BLEEDS:**
- Head (intracranial) and neck
- Chest, abdomen, pelvis, spine
- Iliopsoas muscle and hip
- Massive vaginal hemorrhage
- Extremity muscle compartments
- Fractures or dislocations
- Any deep laceration

**MINOR BLEEDS:**
- Nose (epistaxis)
- Mouth (including gums)
- Joints (hemarthroses)
- Menorrhagia
- Abrasions and superficial lacerations

## TREATMENT FOR MAJOR/LIFE-THREATENING BLEEDS

### Hemophilia A: (severe/moderate/mild)
Recombinant factor VIII concentrate 40-50 IU/kg.

### Hemophilia B: (severe/moderate/mild)
Recombinant factor IX concentrate 100-120 IU/kg, >15 yrs
Recombinant factor IX concentrate 135-160 IU/kg, <15 yrs
The dosage for recombinant factor IX is substantially higher because of its lower recovery, particularly in children.

### Von Willebrand Disease:
A VW factor containing factor VIII concentrate such as Humate-P 60-80 Ristocetin cofactor units/kg.

All major bleeding episodes should be considered potentially critical (life- or limb-threatening).
The goal is to raise the factor level to 80-100% immediately.

## TREATMENT FOR MINOR BLEEDS

### Hemophilia A: (severe/moderate)
Recombinant factor VIII concentrate 15-25 IU/kg.

### Hemophilia B: (mild)
DDAVP 0.3 µg/kg. (max. 20 µg)

### Hemophilia A: (mild)
DDAVP 0.3 µg/kg. (max. 20 µg)

### Hemophilia B: (severe/moderate/mild)
Recombinant factor IX concentrate 35-50 IU/kg, >15 yrs
Recombinant factor IX concentrate 50-70 IU/kg, <15 yrs
The dosage for recombinant factor IX is substantially higher because of its lower recovery, particularly in children.

### Von Willebrand Disease:
Type I and Type2A or 2B known to have used DDAVP safely and effectively - DDAVP 0.3 µg/kg. (max. 20 µg)
For patients not responding to DDAVP (such as Type III) use Humate-P 40-60 Ristocetin cofactor units/kg.

For mucosal bleeds in all above add:
Cyclokapron 25 mg/kg po tid/qid 1-7 days (contraindicated if hematuria)
**Remember...**

**FactorFirst**

Prompt infusion will halt the bleeding process and minimize long-term complications. If bleeding persists, follow the guidelines for major bleeds, and call the:

**Hemophilia Treatment Centre**

This treatment card is not intended to replace comprehensive guidelines developed by the Association of Hemophilia Clinic Directors of Canada (AHCDC)

[www.ahcdc.medical.org](http://www.ahcdc.medical.org)

**Delay in the restoration of hemostasis to the injured patient with hemophilia or von Willebrand Disease may be life- or limb-threatening.**

- Prompt triage and assessment.
- Determine if the bleed is major or minor.
- Recognize that bleeding in the head, spine, abdomen or pelvis may initially be occult and potentially life-threatening.
- Treat first and investigate later – "Factor First".
- If product is not available contact the nearest CBS/Héma-Québec Centre.
- Avoid invasive procedures such as arterial punctures and intramuscular injections.
- The patient or guardian may be your most important resource, so do ask about specific treatment protocols.
- Contact the patient's Hemophilia Treatment Centre where a hematologist is always on call.
- Provide clear discharge instructions and arrange a follow-up plan or admit to hospital if necessary.

**Patient Information:**
- Hospital file #: [ ]
- Name: [ ]
- Date of Birth: [ ]
- Diagnosis: [ ]
- Severity: [ ]
- Level: [ ]
- Response to DDAVP: [ ] yes to %
- Inhibitors: [ ] yes

**Recommended Treatment:**
- Product and Dose/kg for Major Bleeds:
- Product and Dose/kg for Minor Bleeds:
- Allergies:
- Other Medical Information:

**Date of Recommendation:** [ ]

**Use Universal Precautions**