



HOT TIP
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Northern Health Palliative Care

Non Pharmacological Interventions for a Severe Bleed

Bleeding is the loss of blood or blood escaping from the circulatory system. The clinical presentation of bleeding in the palliative setting may vary from low-grade oozing to massive and catastrophic, continuous, or intermittent. Catastrophic, massive bleeding warrants special attention because of its traumatic clinical presentation and the profound distress it causes to patients, families and caregivers.

ABCD Response	
A - Assure	Assure patient this event has been anticipated. Reassure that you will stay with them throughout.
B - Be Present	Stay with the patient. Ensure that someone is with the patient at all times.
C - Calm, Comfort	Employ intensive calmness; verbally soothe, hold, touch or hug them.
D - Dignity	Maintain patient dignity. Minimize visual impact. Cover patient with dark towels or sheets. Clean the patient’s face with moist wipes often.

Management of the Bleed	
Reposition	Adjust body position for blood flow, comfort, minimize the sight of blood: Use the recovery position to keep the airway clear. For a patient who is vomiting blood – lay the patient on their left side. For a patient who is coughing up blood – position on to the side in which the presumed bleeding lung is in the dependent position.
Summon Help	Call for help.
Apply Pressure	Assess individual circumstances. Applying pressure may be appropriate for an external wound.
Medications	Midazolam for sedation when required. (See BC Interprofessional Palliative Symptom Management Guidelines for more information.)
Warmth	Warm blankets can offset hypothermia from a rapid bleed.
Support	Provide support to any family or friends; plan a debrief for all who were present.
Notify	Inform family, physician etc.

Reference:
 B.C. Inter-professional Palliative Symptom Management Guidelines, December 2017