# Bleeding and Bruising

<table>
<thead>
<tr>
<th>Developed by</th>
<th>American Society of Hematology (ASH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How developed</td>
<td>The Pertinent Data Sets were developed by an ASH HVCC work group, reviewed by the Society’s Committees on Practice and Quality, and then reviewed and approved by the ASH Officers.</td>
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</tbody>
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| Additional essential patient information | **Notes to Referring Clinician**  
• Prior to the consult, discontinue use of aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) for 7-10 days if that can be safely done.  
**Relevant History**  
• Description of bleeding history (location, duration, frequency, treatment)  
**Relevant Findings (Labs/Studies)**  
• CBC, aPTT, PT, creatinine, LFTs  
• Previous hemostatic work up results, including in family members |
| Additional patient information, if available | None Provided |
| Alarm symptoms/conditions | None Provided |
| Tests/Procedures to avoid prior to consult | **Consider deferring the following to the hematologist. If already performed, please include reports:**  
• Detailed coagulation work-up  
• Coagulation factor levels  
• Platelet function studies |
| Common rule-outs to consider prior to consults | None Provided |
| Relevant "Choosing Wisely" elements | • Don’t administer plasma or prothrombin complex concentrates for non-emergent reversal of vitamin K antagonists (i.e., outside of the setting of major bleeding, intracranial hemorrhage or anticipated emergent surgery). |
| Healthcare professional and/or patient resources | Healthcare Professional Information:  
UpToDate – *Easy bruising*: [http://www.uptodate.com/contents/easy-bruising?source=search_result&search=bruising+adult&selectedTitle=1%7E150](http://www.uptodate.com/contents/easy-bruising?source=search_result&search=bruising+adult&selectedTitle=1%7E150)  
Patient Information:  
ASH Patient Webpage on Bleeding Disorders  
UpToDate – Patient information: *Taking care of bruises (The Basics)*  