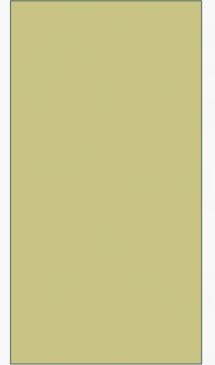




# HEMMORRHAGE



# KEY TERMS

- **Artery:** Blood vessel that carries usually oxygen rich blood away from the heart to various organs.
- **Vein:** Blood vessel that carries the deoxygenated blood (usually) from body organs back to
  - The heart.
- **Capillary:** Smallest blood vessel network in an organ from where the tissues absorb oxygen and nutrients.



- **Haemorrhage:**

**“Bleeding from a damaged blood vessel either  
inside or outside the body.**

# FUNCTIONS OF BLOOD

- 1. Transportation of gases.
- 2. Nutrition.
- 3. Excretion.
- 4. Protection
- 5. Regulation of hormones, water, salt, enzymes and chemicals

# HAEMORRHAGE CLASSIFICATION

- External and
- 
- Internal haemorrhages

# EXTERNAL BLEEDING

- External bleeding happens when blood exits through a break in the skin.
- Blood loss from bleeding tissue can also be apparent when blood exits through a natural opening in the body, such as the:
  - mouth
  - vagina
  - rectum
  - nose

# BODY SUBSTANCE ISOLATION PRECAUTIONS INCLUDE

- Protective gloves
- 
- Mask
- 
- Protective eye wear
- 
- Gowns



# EXTERNAL BLEEDING IS CLASSIFIED INTO 3 TYPES

- Arterial bleeding
- 
- Venous bleeding and
- 
- Capillary bleeding

# ARTERIAL BLEEDING



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- Bleeding from an artery is often rapid and profuse, spurting with each heartbeat.
- Blood in an artery is under high pressure and arteries have thick, muscular walls which maintain this pressure.
- For this reason it is difficult bleeding to control.
-

# VENOUS BLEEDING

- Veins return the blood to the heart under low pressure.
- Bleeding from a vein is usually easy to control although it can be profuse.
- Blood from vein is usually dark red or maroon in colour because it has already passed its oxygen on to the cells and picked up CO<sub>2</sub> and wastes.

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# CAPILLARY BLEEDING

- Due to the small size of capillaries and low pressure, capillary bleeding is usually slow & oozing most capillary bleeding is considered minor and is easily controlled.

# Hemorrhage Classification

**CAPILLARY**



- Slow, even flow
- Bright red color

**VENOUS**



- Steady, slow flow
- Dark red color

**ARTERIAL**



- Spurting blood
- Pulsating flow
- Bright red color

# SEVERITY OF EXTERNAL BLEEDING

- . In an **adult**-Sudden loss of **1 litre (1000cc)** of blood is considered serious.
- In **a child** - **500 cc** blood loss is serious.
- In **1 year infant: 300cc** and even **150**

# CAUSES OF EXTERNAL HAEMORRHAGE

- Accidents
- Injuries
- Hereditary
- Any disease condition like Piles, Ulcer
- Bleeding disorders



# SIGNS OF SHOCK:

- Altered mental status
- Pale, cool Skin
- Nausea and vomiting.
- Vital sign changes.

# CLIENT CARE FOR EXTERNAL BLEEDING:

- Client assessment and care always begin with the ABCs.
- Assess the circulation by taking a radial pulse assessing, skin colour, temperature and condition, and controlling external bleeding.

## MAJOR METHODS OF CONTROLLING EXTERNAL BLEEDING ARE:

- Direct pressure.
- Elevation
- Pressure points (Brachial arteries, **Femoral arteries**)
- Other methods: Splinting,
- Cold application
- **Tourniquet:**

## SPECIAL SITUATIONS INVOLVING BLEEDING

- • **Head Injury.**
- Traumatic injuries resulting in a fractured skull may cause bleeding or loss of cerebrospinal fluid (CSF) from the ears or nose.
- Instead, the head injury has resulted in increased pressure within the skull, which is forcing fluid out of the cranial cavity.
- You should not attempt to stop this bleeding or fluid loss.
- Doing so may increase the pressure in the skull.
- Do not apply pressure to the ears or nose. Allow the drainage to flow freely, using a gauze pad to collect it.

## Nosebleed.

- Nosebleeds, also called **epistaxis**, may be caused by direct trauma to the nose.
- **To stop a nose bleed:**
  - 1. Have the patient sit down, leaning forward.
  - 2. Apply or instruct the patient to apply direct pressure to the fleshy portion around the nostrils.
  - 3. Keep the patient calm and quiet.
  - 4. Do not let the patient lean back. This may allow blood to flow down the esophagus to the stomach.
  - 5. If the patient becomes unconscious or it is unable to control his own airway, place the patient in the recovery position (on his side).

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# INTERNAL BLEEDING

- Internal bleeding is bleeding that occurs inside the body.
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- The bleeding itself is not visible.
- Escaping of the blood from the circulatory system.

# CAUSE THE INTERNAL BLEEDING.

- Falls
- Motor vehicle or motor cycle crashes
- Blast injuries
- Penetrating trauma also causes internal injuries and bleeding.
-

# SIGNS OF INTERNAL BLEEDING:

- 1. Injuries to the surface of the body that may indicate underlying injuries.
- 2. Bruising, swelling or pain over vital organs.
- 3. Painful, swollen, or deformed extremities.
- 4. Bleeding from the mouth, rectum, vagina, or other body orifice.
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- 5A tender, rigid, or distended abdomen.
- 6. Vomiting a coffee ground like substance or bright red vomitus indicating the presence of  
red vomitus indicating the presence of
- blood. Red blood - Fresh or new Dark blood Usually old
- 7. Dark, tarry stools or bright red blood in the stool.

# MANAGEMENT

- Patients with suspected internal bleeding must be considered serious, and warrant immediate transport to the hospital.
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- ABC analysis
- Open the airway
- Adequate breathing and
- Circulation
- Monitor vital signs and ABC often.
- Administer high concentration oxygen by non-breather mask.
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