Coagulopathy (Bleeding Disorder)

Coagulopathy (bleeding disorder) is an abnormal condition that makes it difficult for blood to clot. *Platelets* (specialized blood cells) and *clotting factors* (special blood proteins) combine to help the blood clot when a cut has been made in the skin. If platelets and clotting factors are not present in sufficient numbers, clots cannot form properly to stop bleeding.

CAUSES

Bleeding disorders usually have two causes:

- *Acquired* bleeding disorders are due to a disease process or are drug induced, such as:
  - Severe liver disease.
  - Over treatment of Coumadin (Warfarin).
  - Drug induced Immune Thrombocytopenia. Heparin is a common cause.
  - Bone marrow disorders.
  - Lupus.
  - Prolonged use of antibiotics may cause vitamin K deficiency.
- *Congenital* (Inherited) bleeding disorders.
  - Hemophilia.
  - Deficiencies of clotting Factors II, V, VII, IX, X.
  - Von Willebrands Disease. People with this disease are especially prone to bleeding if aspirin or NSAIDS (nonsteroidal anti-inflammatory drugs) products are taken.

SYMPTOMS

Whether the coagulopathy is acquired or congenital, symptoms are usually the same:

- Unusual bleeding or bleeding very easily such as:
  - Nosebleeds.
  - Bloody stools or blood in the urine.
  - Abnormal or very heavy menstrual bleeding.
  - Cuts that bleed excessively.
- Excessive bruising:
  - Bruising very easily.
  - Unexplained bruising.
- Dizziness.

DIAGNOSIS

Coagulopathy is usually diagnosed by blood tests and a physical exam. This includes:

- Clotting factor blood tests such as:
  - Partial Thromboplastin Time (PTT) and Prothrombin Time (PT). These tests show how long it takes your blood to clot. PTT and PT results may be high with a bleeding disorder.
  - Platelet counts. Platelets are a type of blood cell that help stop bleeding. The platelet count may be low with a bleeding disorder.
  - Fibrinogen levels. Fibrinogen is a protein produced by the liver. It helps blood to clot. The Fibrinogen level may be low with bleeding disorder.
- A physical exam may reveal bruising throughout the body.
- Small *petechiae* (small pinpoint red or purple "dots"). Petechiae has a rash like appearance but does not itch. It may appear anywhere on the body, including the hands, feet, inside the mouth or even in the whites of the eyes.

TREATMENT

Treatment depends on whether the coagulopathy is acquired or congenital.

- If clotting factors are low (*deficient*), these may need to be replaced.
- Platelet transfusions may need to be given.

- If your caregiver has determined that a medication is the cause of the bleeding disorder, your caregiver may need to adjust or discontinue the medication.
- Treatment of the underlying disease state to correct the coagulopathy.
- If your Vitamin K level is low, it will need to be replaced.

COMPLICATIONS OF COAGULOPATHY

A bleeding disorder can develop very serious complications such as:

- Bleeding into the brain (*Intracerebral bleeding*).
- Liver failure.
- Kidney failure.
- Gastrointestinal bleeding.

SEEK IMMEDIATE MEDICAL ATTENTION IF:

- You have large areas of bruising.
- You have a severe headache that does not go away.
- You have blood in your urine or stool.
- You vomit blood.
- You develop redness or rashes on your skin.
- You become dizzy or pass out (*loss of consciousness*).
- You develop chest pain or shortness of breath. **If the chest pain or shortness of breath is severe, call your local emergency service immediately.**

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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