

How to Prepare for Potential Bleeding

Bleeding at the end of life is a distressing potential in some patients.

- Bleeding occurs for many different reasons such as clotting disorders, tumors that erode (wear away) blood vessels, and ulcers. Patients who have had previous bleeding are at increased risk.
- The most effective plan is to anticipate bleeding; have a plan in place to respond should bleeding occur; and receive education and support from the hospice staff. The primary goal is patient comfort and lessening patient and family anxiety and fear.

What are the signs of bleeding?

- Previous bleeding from any site of the body including gums
- Blood-tinged coughing or vomiting
- Blood in urine or stool
- Nose bleeds
- Skin with excessive bruising or many pinpoint sized red areas on the skin

What to report to the hospice/palliative care team?

Any change in frequency or quantity of the above stated signs or symptoms should be reported to your hospice/palliative care team.

What can be done for bleeding?

Your hospice/palliative care team will educate the patient and family of any bleeding potential and will provide support through the process. The plan of care that can be used for patients who experience bleeding are:

- Keep air humidified
- Have bandages/dressings available to apply as directed by your care team
- Keep dark colored towels or blankets and waterproof underpads on hand in the event that bleeding occurs
- Keep non-sterile gloves in the home to use if you need to clean up after any bleeding episodes

- Discuss with your hospice/palliative care team:
 - Stopping any medications or remedies that can cause bleeding
 - The use of cough medicine for patients with a cough
 - What medications may be prescribed to lessen the problem
 - What medications may be present in the home that can provide sedation, anxiety relief, and pain relief

Your hospice/palliative care team is available to help ensure you have all the education and support you need to help you should bleeding occur.