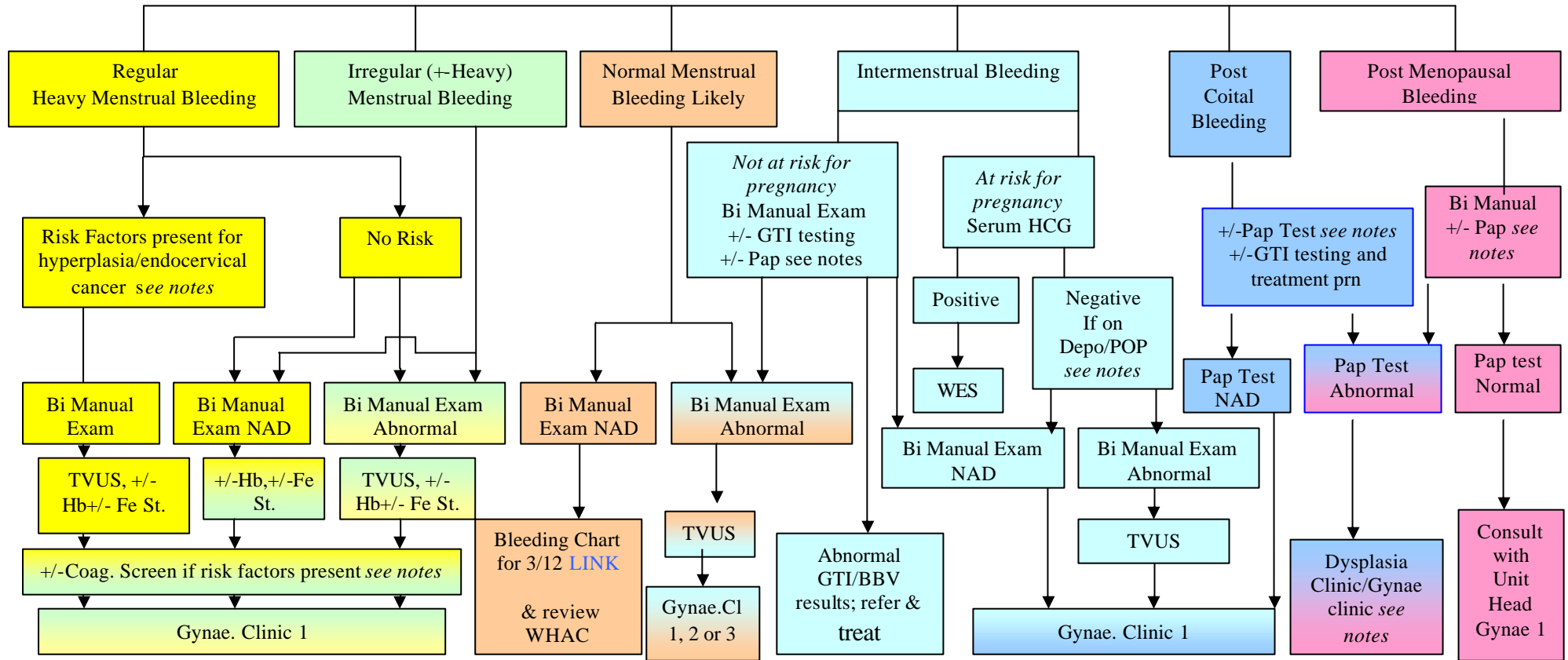


## Women's Health Nurse Practitioner Assessment: Abnormal Vaginal Bleeding



### NOTES

**Trans Vaginal Ultrasound:** Risk factors for endometrial hyperplasia/endometrial cancer; weight  $\geq 90$  kgs, Hx Infertility, Nulliparity, Family Hx Br/Endo/Bowel Ca, Age  $\geq 45$

**Coagulation Screening:** Risk factors for bleeding disorders; long/heavy periods since menarche ie saturate one super pad every two hours on at least one day/ periods lasting a week or longer, history of bleeding disorder ie. epistaxis, post operative bleeding or ready bruising, family history of bleeding disorder ie unexplained hysterectomy, prescribed oral contraception for management of heavy periods. Coagulation screen must not be performed if the client has taken NSAIDs or Aspirin in previous 10 days. Coagulation screen should include PT (Prothrombin Time), APPT (Activated Prothrombin Time), VWF (Von Willebrands Factor), CBA (Collagen Binding Assay), PFA100 (Platelet Function Assay)

**Pap test:** Women with either IMB, PCB or PMB should have repeat Pap smear if previous test was  $> 3$  months ago  
**Post Menopausal Bleeding:** Women with abnormal Pap test report in reference to squamous/glandular cells to be referred to Dysplasia clinic  
**Post Menopausal Bleeding:** Women with abnormal Pap test report in reference to endometrial cells to be referred to Gynaecology Clinic 1

**Depo Provera/Progesterone Only Contraception, Intermenstrual Bleeding:** For women with IMB who are taking progesterone only medication or who are in the first 6 months of Depo-Provera treatment, seek medical opinion prior to referral