



Skin/body surface

- Apply pressure/pack/suture
- Refer to surgery

Pervaginal bleeding

- Take history : Menstrual/contraceptive /delivery
- Examine vital sign
- Investigation : Hb%/Ultrasonography/BL Groping
- Suspected incomplete abortion : Inj. Methergine
- Suspected primary /secondary PPH :
Inj. Methergine/Inj. Syntocinon/Tab. Misoprostol
- Refer to gynae dept.

Ear/Nose/Oral Bleeding

- Apply pressure/Pack
- Inj. Caprolysin

Haematemesis/Malaena

- History –Drugs history : NSAID/Steroid
- Look for jaundice , ascitis, hepatosplenomegaly:
- Investigation : Liver function test/
Ultrasonography upper abdomen
- Treatment : Inj. Omeprazole
- Refer to gastroenterology Dept.

Perectal bleeding

- History – fresh/dribbling/associated with pain
- Examination – DRE/Proctoscopy
- Treatment : Laxative/Hip bath
- Refer to surgery dept.

Trauma patients

- Manage according to ATLS guideline
- A- Maintain airway & protection of cervical spine
- B- Maintain breathing with provision of oxygen
- C- Maintain circulation & arrest of bleeding
- D- Check disability
- E- Exnosure of natient with taking care of hvnothermia

Internal bleeding

- Suspected ruptured ectopic pregnancy – do USG lower abdomen- refer to gynae dept.
- Trauma patient – do USG/x-ray abdomen – refer to surgery dept