Additional Conditions Amenable to Observation Care

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KEYWORDS

- Abnormal uterine bleeding • Emergency department observation unit
- Allergic reaction • Alcohol intoxication • Acetaminophen overdose
- Sickle cell vaso-occlusive crisis

KEY POINTS

- There are many conditions that can be cared for in the EDOU that don't fit into larger protocols.
- This list isn't meant to be exhaustive.
- Any condition that complies with the definition of medical observation where the patient is 70–80% likely to be discharged in 15–18 hours is appropriate.

Case study

Victoria Woods is a 32-year-old woman who presents with complaints of heavy vaginal bleeding for 3 days. She is using four to five pads per day and is passing clots. This has been happening every month during her menses and she will occasionally have bleeding between her menses. She also endorses dizziness with standing and increased fatigue doing her daily tasks. Her physical examination is remarkable only for conjunctival pallor. Pelvic examination reveals no cervical lesions and a small amount of blood from the cervical os. Her uterus is slightly enlarged but nontender. Her urine pregnancy test is negative and hemoglobin (Hgb) concentration is 5.5 g/dL. She is placed in the emergency department observation unit (EDOU) for blood transfusion. While in the observation unit, the patient undergoes a transvaginal ultrasound that is unremarkable. She receives two units of packed red blood cells (PRBC) and her repeat Hgb is 7.5 g/dL. On reassessment, she states she is feeling better. In discussion with the on-call gynecologist, the decision is made to start her on progesterone hormone therapy. The patient is discharged with a diagnosis of abnormal uterine bleeding. She is started on iron supplementation in addition to her hormone therapy and instructions to follow-up with a gynecologist for further management of her condition.

ABNORMAL UTERINE BLEEDING

Abnormal uterine bleeding (AUB), formerly known as dysfunctional uterine bleeding, is a common reason for presentation to the emergency department (ED). It is estimated

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to affect 53 per 1000 women in the United States.[1] AUB is defined as abnormal quantity, duration, or timing of menstrual bleeding in nonpregnant females. Patients can seek medical care for the bleeding itself or for sequelae of blood loss, such as anemia. Etiologies for AUB are beyond the scope of this article, but have been classified by the International Federation of Gynecology and Obstetrics (**Box 1**).[2]

Emergency Department Evaluation

The primary priorities of ED evaluation should be to rule out pregnancy, confirm the source of bleeding, and resuscitate patients who are hemodynamically unstable. The history taken in the ED should attempt to quantify the bleeding (ie, number of pads/hour, presence of clots) and evidence of symptomatic anemia (ie, fatigue, dyspnea, or chest pain with exertion). In addition, there should be an attempt to screen for causes of the bleeding, such as a menstrual history (ie, age of menarche, usual frequency, and duration of menses), presence of bleeding/clotting disorders, and the use of any anticoagulant or antiplatelet medications.

The physical examination should be used to identify signs of anemia or hemorrhagic shock with special note taken of resting tachycardia or hypotension. The clinician can also assess for conjunctival pallor or the presence of a flow murmur. A pelvic examination should be performed in the ED to confirm the uterus as source of bleeding, and rule out vulvar/vaginal trauma or cervical lesions. This can be deferred if the patient is not currently bleeding and has a history of AUB with an established diagnosis.

Laboratory tests should include a pregnancy test, complete blood count (CBC) with differential. A coagulation profile can be considered in patients with new presentations of AUB to screen for bleeding disorders. A qualitative urine human chorionic gonadotropin test is sufficient for low to moderate suspicion of pregnancy, whereas a quantitative serum test should be sent in cases where pregnancy is highly suspected. The CBC should be examined for Hgb and hematocrit levels and to rule out thrombocytopenia as a cause for bleeding. A type and screen should be sent during the initial evaluation and if the level of anemia requires blood product administration a crossmatch should be ordered.

Box 1
Palm-COEIN classification system for abnormal uterine bleeding in nongravid reproductive-age women

Polyp

Adenomyosis

Leiomyoma

Malignancy and hyperplasia

Coagulopathy

Ovulatory dysfunction

Endometrial

Iatrogenic

Not yet classified

Data from Munro MG, Critchley HO, Broder MS, et al. FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding in nongravid women of reproductive age. Int J Gynaecol Obstet 2011;113:3.