MANAGEMENT OF ACUTE BLEEDING

**CAUSE:** May occur during a dental procedure, following extraction, or due to an accident in the office

Evaluation of the cause of the bleeding episode
- Intended surgical procedure
- Accidental or traumatic occurrence

Review of medications
- Currently taken medications as evidenced by medical history
  - Prescribed medications
  - OTC or self-medicated
- Medications given during treatment

Evaluation of the character of the bleeding episode
- Flow rate and volume
  - Seeping or pulsating
- Color and viscosity

**TREATMENT:**

APPLY DIRECT PRESSURE TO WOUND IF POSSIBLE

**IF INTRAORAL:**
- Apply direct pressure to treatment area by gauze pack or suitable compress technique
- Evaluate after 2-3 minutes of pressure and consider if primary closure of wound can be achieved
- Does motion/movement or function reopen wound?
- If bleeding continues consider suturing
- Consider the use of hemostatic agents such as aminocaproic acid (Amicar®), tranexamic acid, cellulose (oxidized/regenerated), collagen hemostat, collagen (absorbable), gelatin (absorbable) (Gelfoam®), or thrombin (topical)

**IF EXTRAORAL:**
- Apply direct pressure and re-evaluate clotting
- Consider the need for a tourniquet, however direct pressure is always preferred over the use of a tourniquet
- Consider need for suturing
- If patient is stable and injury is minor, patient may be transported by a family member or friend
- If wound is unstable or beyond your clinical expertise, apply pressure bandage and transport, via EMS, to Emergency Room for suturing and further management

Extemporaneous solutions incorporating a 650 mg tablet of tranexamic acid (Lysteda® 650 mg/tablet) per 10 mL of water or aminocaproic acid (Amicar® 1.25 g/5 mL oral syrup) oral solution have been used as an oral rinse with some success.