



ACT Palliative Care
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Australian Government
Department of Health and Ageing

Haemorrhage refers to excessive bleeding that is very difficult to stop. While it is not common for tumours to erode large blood vessels in the body, small blood vessels are more readily affected by tumours or the effects of treatment and start bleeding. If you notice blood in the vomit, sputum, urine or bowel actions, or if it occurs spontaneously through the vagina, report it to the nurse or doctor in your care team. The degree of urgency will depend on the amount of blood that has been lost and the degree of comfort or distress it has caused. Spotting or streaks of blood still needs to be reported, but not as a matter of urgency, as would be the case if there was a lot of blood accompanied by distress or discomfort. Rely on your own best judgement and call if you are concerned.

The rest of this fact sheet concerns bleeding from large blood vessels (or important smaller vessels in the brain) that cannot be stopped and from which it is likely that the person will quickly die. These events are rare.

The large majority of these instances will result in blood flowing quickly into or between the organs and tissues of the body. In the majority of cases, the blood will stay in the body. There are some types of cancers (of the stomach, oesophagus, bowel and lung) that are considered more likely than others to result in severe bleeding that leaves the body. Large amounts of blood can quickly collect in the stomach and be vomited up. Equally, tumours in the lung can start to bleed into the lungs which can cause frothy blood to be coughed or vomited up.

Tumours and malignant wounds of the head and neck rarely, if ever, result in the erosion of major blood vessels and external bleeding.

Despite their rarity, these events are often very distressing for the person who experiences them and frightening to witness. There may be little warning that such an event is about to happen, and it can be over within one or two minutes.

The following signs of 'shock' may suggest that a large bleed is occurring:

- The person becomes very tired and weak, and may experience new and acute pain.
- The heart rate quickens and the breathing becomes rapid.
- The person becomes irritable and restless, and their skin becomes cold, clammy and pale.
- The person begins to lose consciousness and may die.

All this can happen quite quickly, and without warning. The most important thing a carer can do is stay with the person and make sure that they are not left alone while conscious. Try to bring as much calmness as you possibly can to the situation. Talk quietly and reassuringly.

If you can, use extra blankets to help keep them warm. Do not force them to stay awake, this will probably only add to the stress and anxiety of the situation.

If blood escapes the body do not try to stop it. Use dark towels and blankets (or other dark garments) to soak up or cover the blood. This will help hide the amount of blood lost and reduce the visual impact of fresh blood loss. It may be possible to administer a dose of sedative and/or painkiller so that the person who is bleeding quickly becomes less aware of what is going on

and is made as comfortable as possible until they lose consciousness. If haemorrhage is anticipated, medication orders from a doctor may already be in place for this possibility.

Call for help as soon as possible. Have an emergency number for the nurse in your team or someone else close-by who you can rely on to be of good practical help in the event of a haemorrhage. It is not usually necessary to call the ambulance. There is little that they can do and their presence may add further drama to the situation. With forewarning, some preparation and support, and a plan to follow, the situation can be managed quite calmly and without extra fuss.

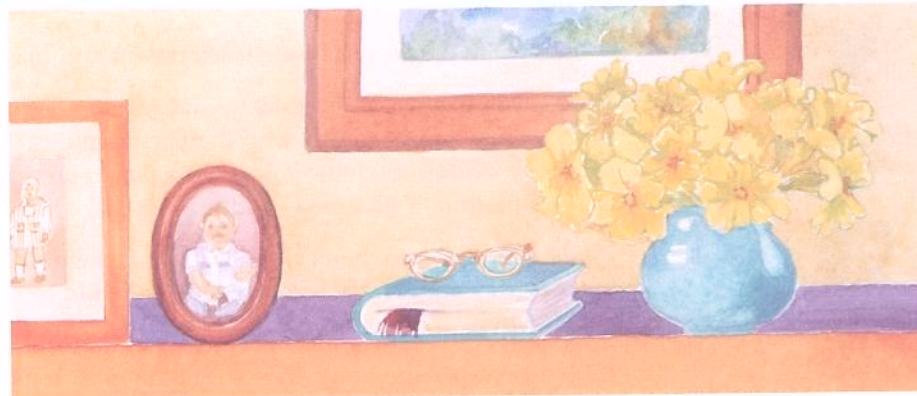
It is worth repeating that the likelihood of internal haemorrhage is low, and the likelihood of a traumatising flow of blood escaping the body is even lower. It may be that the person you are caring for is considered to be at risk of this and that someone in your care team has thought it necessary for you to be aware of the possibility of haemorrhage. If this is the case, members of the care team will talk through the issues with you and set out a clear plan of action for you to follow if the situation arises. This will include having in place the medications you may need, as well as the authority and training to administer them, in the unlikely event that such an emergency should arise.

Acknowledgement

The producers of this fact sheet acknowledge the Palliative Care Council of South Australia for the source material from which some of the contents of this fact sheet was drawn.

Disclaimer

The information contained in this fact sheet is for general guidance only. Whilst every effort has been made to ensure that the information is correct and in keeping with accepted standards of practice at the time of publication, neither the authors nor the publisher can accept any legal responsibility for any errors or omissions. It is the responsibility of the reader to seek appropriate professional advice.



This information should be read in conjunction with the advice provided by your palliative care team.