

Bleeding

The information in this factsheet gives you some tips on how to reduce the risk of bleeding for your child and how to treat a bleed if it does occur.

General information

- Your child may have nosebleeds spontaneously or because of picking their nose
- Small bleeds may stop spontaneously but if they do not then you may need to use a medicine called Tranexamic acid which can help to stop bleeding
- Tranexamic acid is available as a 500mg tablet or 500mg in 5ml liquid.

Gums and mouth

- Tranexamic acid liquid can be used as a mouthwash either undiluted or diluted with an equal volume of water
- Alternatively, if your child cannot use a mouthwash, then you can soak gauze or pink sponges in undiluted Tranexamic acid liquid and dab the area or coat the lining of their mouth.
- Use a soft toothbrush to brush your child's teeth.

Bleeding skin

- Your child's skin may ooze from their venous catheter site, wounds or any other area of trauma
- Soak gauze in undiluted Tranexamic acid liquid and dab the area up to four times a day
- Your child's symptom care team may advise you to use Sorbsan or Kaltostat wound dressings and we will give you information about this, as appropriate.

Nosebleed (epistaxis)

- Pinch your child's nose and lean their head forward for 5-10 minutes
- Use ice packs across your child's nose and cheeks
- Soak gauze or a tampon in Tranexamic acid liquid and put it in your child's nostril
- If your child has had a large nosebleed, they should be medically reviewed at your shared care (local) hospital
- A member of your child's symptom care team may advise you to administer Tranexamic acid tablets or liquid by mouth up to three times a day (every eight hours) to try to reduce the occurrence of nosebleeds.



Vomiting or coughing up blood and/or bleeding from your child's bottom

- This is rare
- It is important to stay with your child to offer them reassurance and maintain a calm environment
- Tranexamic acid tablets or liquid can be administered by mouth up to three times a day (every eight hours) if your child is vomiting or coughing up blood or is bleeding from their bottom. This may in turn cause your child nausea or vomiting, however we will prescribe an anti-sickness medicine for this.

Your child should not be given Tranexamic acid if they have blood in their urine as it may cause a blood clot to be retained and prevent them from being able to pass urine.

If bleeding is problematic and persistent, then administration of a platelet transfusion will be considered.

If a large bleed does occur, using dark towels, sheets and a bowl may make this less distressing for you and your child.

Contact details

If you have any questions about this information, please contact:

The Children and Young Peoples Oncology Outreach and Symptom Care Nurse Specialists (CYPOONS) team

Tel: 020 8661 3625

Hours: Monday to Friday, 9am-5pm

Evenings, nights, weekends and all bank holidays

Please call The Royal Marsden switchboard, speak to the operator and ask for the **PATCH** service.

The Royal Marsden switchboard: 020 8642 6011

