

## Bruise, Hematoma

### Tasks

- Evaluate for and treat any other **injury** that may be present, regardless of how old the bruise or hematoma appears. Other injury may be in the same location as the bruise or elsewhere on the body.
- Evaluate for and treat any **acute illness** that may have contributed to injury, bruise, or bleeding.
- Review circumstances leading to the bruise/hematoma to **prevent recurrence**



### Vital Signs

Temperature: \_\_\_\_\_ Heart Rate: \_\_\_\_\_ Blood Pressure lying: \_\_\_\_\_  
 Respiratory Rate: \_\_\_\_\_ Oxygen Saturation: \_\_\_\_\_ Blood Pressure standing: \_\_\_\_\_



### Evaluate Symptoms and Signs

- ☐ Measurements and appearance/color of bruise(s), hematoma. Avoid attempting to use color to determine age of bruise.
- ☐ Tenderness or pain in bruised area
- ☐ Injuries anywhere on the body (other bruising, laceration, fractures, deformity), head trauma
- ☐ Assess all joints for change in normal range of motion, weight bearing, etc
- ☐ Acute mental status change
- ☐ Not eating or drinking as much as usual
- ☐ Pain assessment: exact locations, persistent or intermittent, exacerbating factors
- ☐ Fainting, dizziness or lightheadedness when standing up
- ☐ Signs of dehydration
- ☐ Diaphoresis: Cold, clammy, pale skin
- ☐ Respiratory: New cough, abnormal lung sounds, Accessory muscle breathing, pursed lip breathing, Respiratory distress
- ☐ Cardiovascular: Chest pain, new irregular pulse, cyanosis, mottling, edema
- ☐ GI: Nausea, vomiting, diarrhea, constipation, abdominal distention or tenderness, rebound tenderness, bowel sounds, blood in stool
- ☐ GU: pain with urination, blood in urine
- ☐ Neurologic changes: consciousness/alertness, orientation, weakness, gait changes (unsteadiness, loss of coordination or balance)



Presence of other, significant symptoms or signs of illness



Refer to appropriate Situation-Specific Evaluation for the identified symptoms and signs.



**With any suspected serious injury (e.g., fracture, laceration requiring sutures), new orthostatic changes, or rapidly enlarging hematoma**



**Notify the medical staff & Designated Representative immediately.**



Persistent pain without suspicion of serious injury, or minor injury potentially requiring medical intervention, slowly enlarging hematoma, or new bruising in a patient on anticoagulant medication.



**Notify medical staff & Designated Representative within the next 16 hours.**



No significant injury



**Notify medical staff on the next business day**



Repeated bruising since last medical visit



**Update medical staff at the next regular rounds**



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## Bruise, Hematoma Continued

### SBAR Report

**Situation:** "(Bruise) (Hematoma) associated with:" *(suspected serious injury) (persistent pain) (injury potentially requiring medical intervention)*

#### Background:

Report...

- ☐ Reason the patient is in the nursing home (rehab for \_\_\_\_, long term care for \_\_\_\_).
- ☐ History of easy bruising or bleeding
- ☐ Recent falls or other sources of injury
- ☐ Nature of any injury
- ☐ Patient on anticoagulant therapy, aspirin, etc.
- ☐ Circumstances leading to bruise/hematoma.
- ☐ Other recent bruising or bleeding.
- ☐ Abnormal Vital Signs or orthostatic changes
- ☐ MOLST / Advance Directives
- ☐ Unrelieved pain
- ☐ Recent illness, antibiotics, medication changes, surgery
- ☐ General observation of patient condition
- ☐ Abnormal findings on lung, cardiovascular, abdomen, neurologic or skin observations.
- ☐ Signs or symptoms of pain, infection, dehydration, head trauma
- ☐ Medications increasing injury risk: Antipsychotics, antidepressants, anticonvulsants, sedatives/antianxiety, dementia meds, narcotics, diuretics, antihypertensives

Have Available...

- ☐ Chart / logged in to Electronic Medical Record
- ☐ MAR
- ☐ Recent medical problems & order changes
- ☐ Consult reports
- ☐ Major diagnoses
- ☐ Allergies
- ☐ Recent lab results & previous results if abnormal
- ☐ Intake record
- ☐ Bowel record
- ☐ List of emergency medications available in the facility

**Assessment:** I think the problem is: \_\_\_\_\_

I am concerned about: \_\_\_\_\_

#### Recommendations/Requests:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Labs: CBC with diff, CMP/Chem14, Drug levels | <input type="checkbox"/> Vitamin K if on warfarin                                  | <input type="checkbox"/> Pain Medication          |
| <input type="checkbox"/> INR if patient is on warfarin                | <input type="checkbox"/> "Hold" parameters for medicines that lower blood pressure | <input type="checkbox"/> IV or SC (clysis) fluids |
| <input type="checkbox"/> X-ray of injured areas                       | <input type="checkbox"/> Cold therapy to bruise/hematoma site                      | <input type="checkbox"/> Other:                   |
| <input type="checkbox"/> Stop anticoagulant, aspirin                  |  |   |

**Clarify expectations for care, interventions, and illness course/prognosis. Repeat any telephone orders back to the provider to ensure that they are correct and complete**



### Management

- ☐ Complete injury report per facility policy/procedure
- ☐ Neuro checks per facility policy/procedure
- ☐ Monitor vital signs every 4-8 hrs for 2-3 days
- ☐ Place on Intake & Output monitoring if blood loss suspected
- ☐ Repeat observations of bruise/hematoma at least daily and more frequently if changes are noted.
- ☐ Place on 24-hour report for 2-3 days
- ☐ Obtain lab results *(if ordered)*, and notify medical as needed of significantly abnormal values in lab tests (refer to appropriate Situation)
- ☐ Update care plan regarding injury risk, anticoagulation treatment, assistance needed with ADLs, supervision for safety, restorative needs
- ☐ Review status and plan of care with designated representative