

Bleeding Location and Hemostasis

Patients enrolled for bleeding - this page is mandatory each time they experience a bleed.

Patients enrolled for surgery - this page must be completed if patient had unexpected bleeding, before during or post-surgery.

Assessment date: ____/____/____

Bleeding Start date: ____/____/____

Bleeding start time: _____ am / pm

Date and time hemostasis was achieved (bleeding stopped): ____/____/____ _____ am / pm

Hemostasis assessed by: _____

Printed Name and Qualification(s)

BLEEDING LOCATION Please record all that apply.

- Nasal
- Trauma
 - Penetrating Trauma: Extremity Head Torso
 - Blunt Trauma: Extremity Head Torso
- Musculoskeletal
- Eye
- Gastrointestinal
 - Upper Lower
- Intracranial hemorrhage
 - Subdural Subarachnoid Intracerebral
- Pericardial
- Pleural
- Abdominal
 - Retroperitoneal Hemoperitoneum Other
- Intra-spinal

Does bleeding require surgery? No Yes - *If yes, please complete Surgery Assessment page*

Additional description of location if needed: _____

Principal Investigator (PI) Confirmation

By signing below, I confirm I have reviewed all information relating to this page

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|---------------------|------------------|-------------|
| <hr/> | <hr/> | <hr/> |
| <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> |