

# “Catastrophic” Bleed Box – A practical resource for wards

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## Introduction

Terminal haemorrhage (bleeding from a major blood vessel), although uncommon, causes significant distress for all involved when this catastrophic event occurs. The literature highlights the importance of good nursing care to lessen this distress. Harris et al (2011) suggest the management of terminal haemorrhage should focus on non-pharmacological, simple approaches.

The development of a terminal bleed box was initiated in reaction to staffs’ need for a tangible “go to” resource to prevent what they perceived to be ineffective nursing.

## Aim

To implement and evaluate a catastrophic bleed box within a hospital setting.

## Method

The development of a terminal bleed box was designed to be simplistic yet effective (fig 1).

The following issues were addressed –

### Storage

A hub to store the box when not in use was created, this was a ward already synonymous with palliative care where there was an established T34 syringe pump hub.

### Infection prevention and control

Ensuring the box meets with infection control measures is paramount, Vernacare (this is clean) tape is used to highlight the box is ready for use. The box, evaluation form, folder and signage are all wipe able.

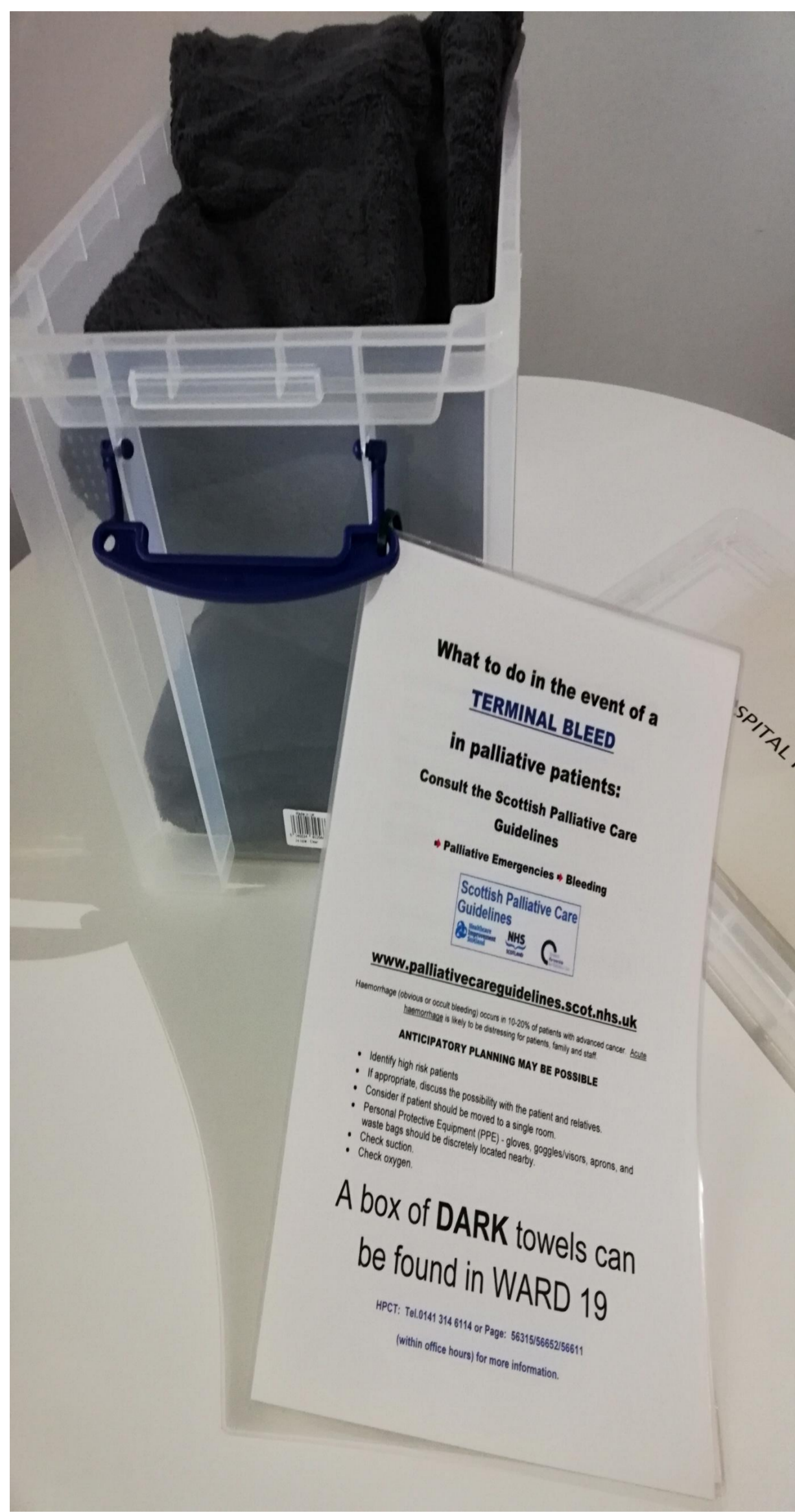
### Evaluation

An evaluation form was developed to ensure ongoing appraisal and continued efficacy. This includes when the box was made available but not required (fig2).

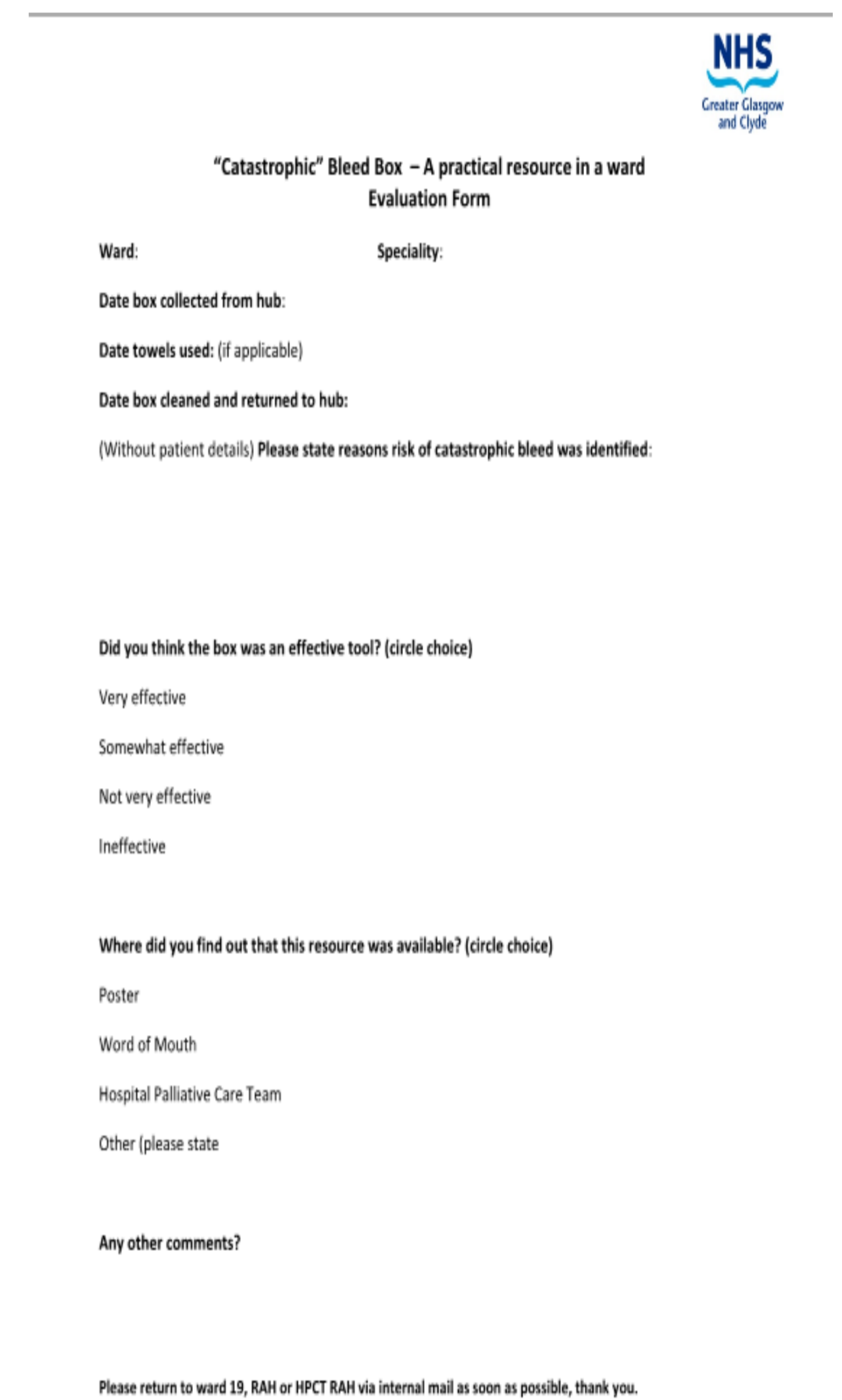
### Cost

To ensure funding would not restrict the widening of this initiative, costs have been kept to a minimum.

A secondary aim associated with the introduction of this box is to facilitate discussion within wards regarding the identification and care of patients at risk of terminal haemorrhage. Attached to the box are laminated sheets with information for staff, including seeking guidance from the Scottish Palliative Care Guidelines.



(fig 1)



(fig 2)

## Results

Feedback from staff who have used this resource has been sought as means of evaluation. Since its introduction 5 months ago, it has been used 6 times, highlighting the need for such a resource.

The feedback has been extremely positive. Staff like a tangible way of preparing for a catastrophic terminal bleed. In particular staff report feeling more confident having box dark towels to hand to camouflage the blood and concentrate on calmly supporting the patient and family (fig 3).

### Examples of feedback (fig 3)

From personal experience significant blood loss is distressing primarily for the individual but also those who witness it. Having dark towels that can cover and absorb blood loss can help in attempting to provide a calm environment in which care and support can be given. Like all emergency situations having the appropriate equipment, in this case dark towels, to hand in a pre-packed box ensures unnecessarily delay at what is a traumatic time.”  
*Consultant*

Pre resource... “a very distressing and difficult situation occurring very quickly. The poor lady experienced a violent and catastrophic bleed and died very quickly. The distress I felt was very much for her and her family. It was extremely upsetting.”  
*Palliative Care CNS*

...”standard hospital issued white towels” “just reinforced the amount of blood that is lost – its useful to have darker towels to camouflage the blood.”  
*Upper GI CNS*

“I used this resource last week and it was effective and beneficial for easing the family’s distress”  
*Senior Staff Nurse*

## Conclusion and Recommendations

Further data collection and evaluation is suggested with a view to cascading this inexpensive, valuable asset. More evaluation is needed to identify if raising the profile of the box supports the identification of people at risk of a terminal bleed and encourages team and patient /family communication.

## Reference

Harris et al (2011)

## Acknowledgements

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