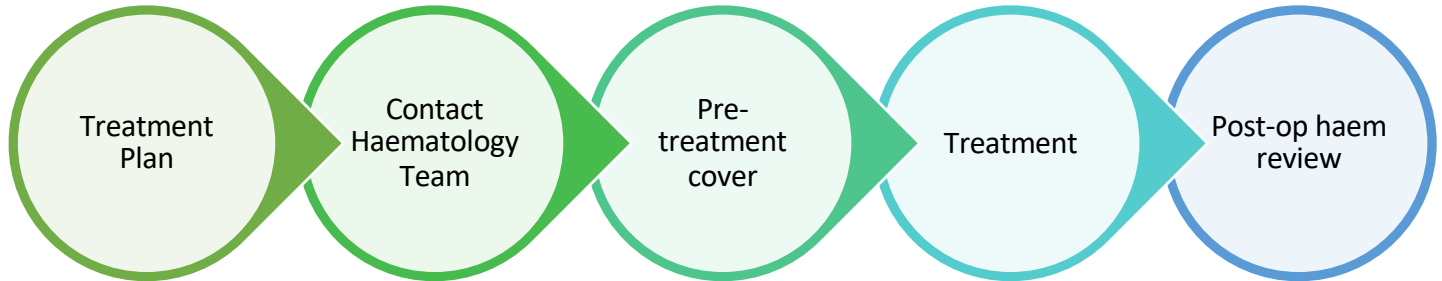


Endodontic Treatment on Patients with Bleeding Disorders

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Pathway:



Haemophilia Dental Referral

(Please complete this form for every appointment at the Dental Hospital for patients with Inherited Bleeding Disorders)

Patient name:

MRN number:

D.O.B:

Bleeding Disorder (please mark with 'x')

<input type="checkbox"/>	Haemophilia A (VIII def)	<input type="checkbox"/>	Factor V Deficiency
<input type="checkbox"/>	Haemophilia B (IX def)	<input type="checkbox"/>	Factor VII Deficiency
<input type="checkbox"/>	von Willebrands Disease	<input type="checkbox"/>	Factor X Deficiency
<input type="checkbox"/>	Glanzmann's Disorder	<input type="checkbox"/>	Factor XI Deficiency
<input type="checkbox"/>	Bernard Soulier Syndrome	<input type="checkbox"/>	Factor XII Deficiency
<input type="checkbox"/>	Platelet Function Disorder	<input type="checkbox"/>	Factor XIII Deficiency
<input type="checkbox"/>	Factor II Deficiency	<input type="checkbox"/>	

Other (give details)

Prevention:

Avoiding the treatment need in complex patients is always the best option!

Local Anaesthetic:

WITHOUT COVER

Buccal/labial infiltration

Intra-pulpal

Intra-ligamentary

COVER REQUIRED

ID Block

Lingual infiltration

Emergency Options:

Haematological cover on standby in addition to local measures e.g. blood transfusion, additional platelets.