

The Management of Terminal Haemorrhage in Advanced Malignancy (Including Carotid Artery Rupture)

Adults

Guidance

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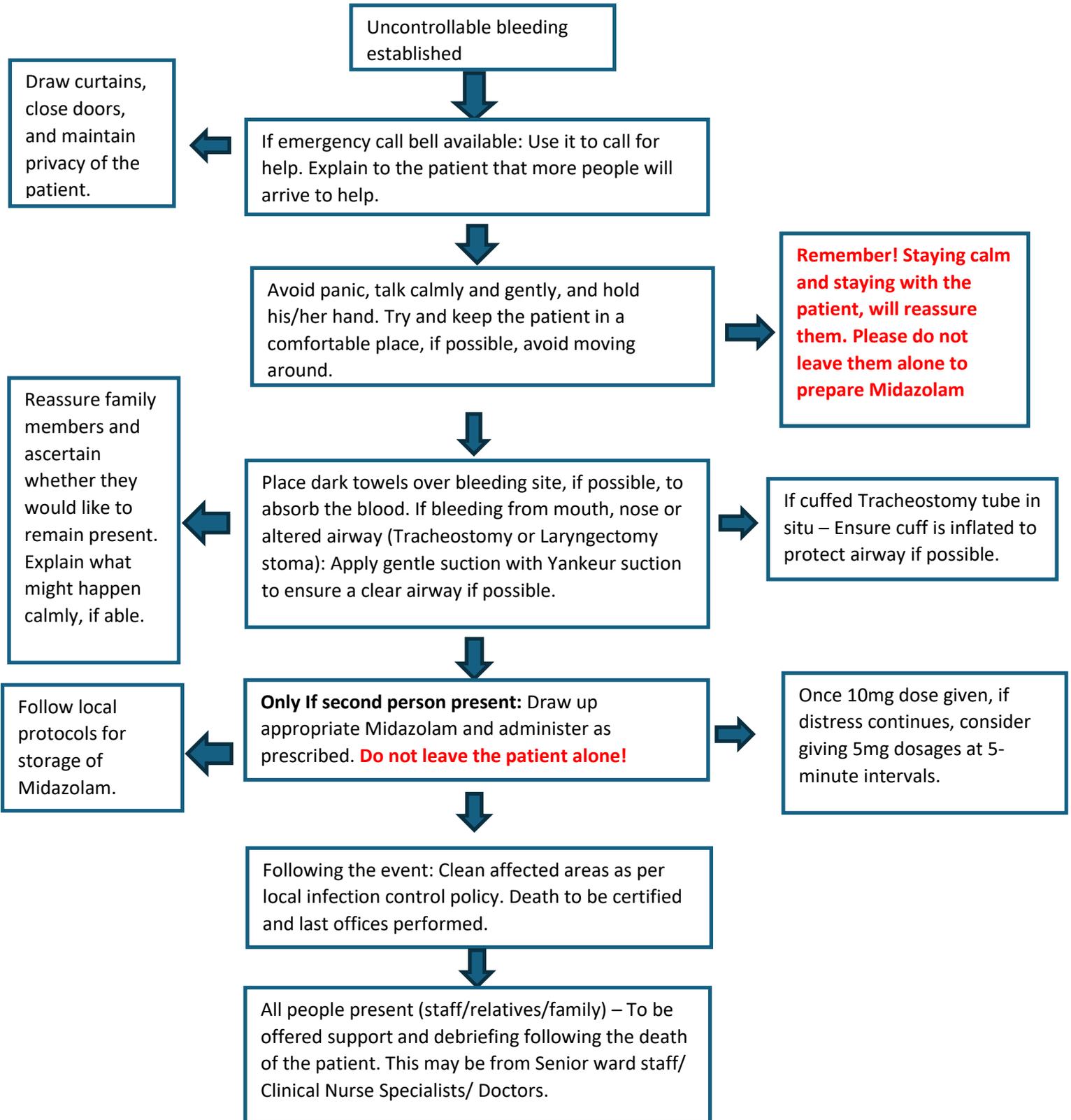
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1.0 FLOW CHART / KEY STEPS QUICK REFERENCE SUMMARY – ACUTE

Remember! The goal of management of a terminal haemorrhage must be to minimise anxiety, ease suffering and ensure death with dignity providing a calm, reassuring, and caring atmosphere.



2.0 INTRODUCTION

Cancer is an infiltrative process which can damage vessel structure. Cancer sites such as the head and neck may be near large and high-pressure vessels. It is possible, rarely, to have damage to the vessel wall and have a sudden and life-threatening bleed. It may include massive haemorrhage or complete airway obstruction. Patients experiencing terminal events will need rapid effective management to minimise the distress of their imminent death.

Terminal bleeding is a rare event in palliative medicine and current statistics suggest that this may happen in 3-12% of patients with an advanced cancer (Ubogagu, E and Harris, D. 2012)

Staff must be supported to assist with the management of uncontrollable bleeding and provided with appropriate support from senior colleagues afterwards.

High risk factors include:

- Cancer patients with tumours close to major arteries or airways
- Haematology Patients
- Upper GI bleeds
- Recent radiotherapy to tumour sites which are close to major arteries.

Persistent bleeding may lead to the death of the patient within minutes of onset. This can occur, before sedation is administered, and/or has been effective. Whilst sedation is important to consider, it is essential to ensure that someone must remain with the patient, at all times. SPAGG (2021)

The goal of management must be to minimise anxiety, ease suffering and ensure death with dignity providing a calm, reassuring, and caring atmosphere.

2.1 SCOPE

All staff involved in caring for patients at risk of a terminal haemorrhage. This includes staff in primary and secondary care, Hospice care and Community Care.

2.2 DEFINITIONS

PPE	Personal protective equipment. Aprons, Gloves, Masks, Visors or Goggles
CNS	Clinical Nurse Specialist
CPCNS	Community Palliative Care Nurse Specialist
DNs	District Nurses
SWAST	South-West Ambulance Service Trust
SIDeR	Somerset Integrated Digital e-Record

3.0 ROLES AND RESPONSIBILITIES

Service Managers	To ensure staff awareness.
Specialist Nurse Teams	To ensure staff feel competent in managing this event and provide debrief if required. To support nursing teams in the environments where 'At risk' patients reside and provide teaching updates
Ward managers/ Senior nursing staff	To ensure staff awareness. Liaise with Palliative Care and ensure Just in Case Medications prescribed
Team Leaders	To ensure emergency protocol is followed.

All staff involved in caring for 'At risk' patients should familiarise themselves with this guideline and be familiar with departmental/local area guidance on where to store/obtain equipment.

The decision regarding resuscitation should be clearly documented on the Electronic Somerset Treatment Escalation Plan (eSTEP) form and may include contingencies for resuscitation to occur for events other than a terminal haemorrhage, dependant on relevant patient and tumour factors at the time of that decision. eSTEP form must be uploaded on SIDeR for access to all services. This may include a specific management plan for Terminal Haemorrhage

Clinical / Medical Oncologists/ GP/ Consultant to pre-prescribe Midazolam (10mg), as a "just in case" medication. Buccal Midazolam to be considered for community settings, if available. To ensure difficult conversations are held in anticipation of bleeding risk.

Nursing team to administer drugs in the event if there is time and staff available.

4.0 PROCESS DESCRIPTION

Equipment and Documentation

See Appendix A and B

eSTEP form to be made available via SIDeR Platform, and should be considered in the care of terminal bleeding

Outpatient Departments and Radiotherapy Department:

To prepare if patient is attending with a known Haemorrhage risk -

- If 'Just in Case' Box stored within the department, to ensure this is accessible.
- If Midazolam kept in Department – Can be stored within a locked cupboard and Vial in date. Can be stored with an Unopened syringe and needle, if glass vial. Not to be pre-drawn up.
- If 'Red Bag' kept – To ensure this is accessible and close by to attending patient (i.e within clinic room/ Radiotherapy room). **See Appendix A for Red Bag Items**
- Ensure eSTEP Form is up to date – This is now electronic

Inpatient Wards:

- 'Red Bag' if kept within the ward, to be within the patients bedspace i.e within locker or within close proximity. **See Appendix A for suggested equipment.**
- Midazolam to be stored within a locked cupboard which can include the locked bedside pod. An unopened syringe and needle can be stored with this, for quick access.

- Walled suction access within Bedspace, if possible. Portable suction is otherwise available on the Resuscitation trolley.
- eSTEP form to be updated on admission and specific management plan written. Accessible to Nursing/ Medical staff.

Process within the Home Environment:

- Ensure appropriate residents within the household are aware of where ‘Just in Case’ medications are stored. This should be highlighted to care teams involved i.e District Nurses, GP, Palliative Care
- Ensure carers/family are aware how to administer 1 x 10mg Buccal Midazolam in the event it is required. Ensure the carer understands indication for Midazolam to be administered. This is likely to be carried out by District Nurses, GP or CPCNS Teams
- Provide patient/carers/family with an emergency contact for support in the event of bleeding. Reassure family/carers that the most important action they can take is to stay with the patient and do not leave their side. If second person available- to administer the medication. **See Appendix C for guidance when contacting emergency services.**
- Emergency services to be made aware via SiDeR regarding Haemorrhage risk and specific management plans.
- Should Buccal delivery not be possible due to changed anatomy, please seek specialist senior Palliative Care advice.

Remember! The goal of management of a terminal haemorrhage must be to minimise anxiety, ease suffering and ensure death with dignity providing a calm, reassuring, and caring atmosphere.

5.0 TRAINING/ COMPETENCE REQUIREMENTS

- Staff working in relevant areas, to include Emergency Department, should familiarise themselves with this document and flow chart
- Senior staff who are competent in to ensure relevant staff are updated and familiar with the process as per this guidance. This is to include Oncologists, Consultants, CNS, Ward Sisters, District Nurse Lead, GPs.
- Specialist Nurse Teams to provide updates yearly to their specialist ward/ Areas and keep record of trained staff.

6.0 MONITORING

Note - The monitoring arrangements are required for any Trust Policy. This can also be used as an option for other types of documents.

Element of policy for monitoring	Section	Monitoring method - Information source (e.g. audit)/ Measure / performance standard	Item Lead	Monitoring frequency /reporting frequency and route	Arrangements for responding to shortcomings and tracking delivery of planned actions
<i>Drug Monitoring</i>		Audit against trust policy	Authors for each clinical area	Annually	Liaise with pharmacy

<i>Review any events within the trust setting</i>		Case review of any area specific events. Discussed at Morbidity and Mortality Meetings/ Audit meetings	Clinical Leads	After first 3 events then review process for effectiveness	Refer to Authors and Ratification process team for review of Guidance
<i>Training/ Competence</i>		Relevant areas to be updated yearly and staff record of training, to be kept by trainer/ Area manager. To be updated to reflect 3 yearly reviews of Guidance. To be included in Agenda for Study Days such as Palliative Care Emergencies and Altered Airway Study Day	Authors for each clinical area	Annually	Highlight training needs to senior staff for action

7.0 REFERENCES

7.1 MacKay, F and Cook, C. (Royal United Hospital, Bath) (2011). Policy, procedure & guidelines for the management of carotid artery rupture related to the terminal care of the head & neck cancer patient

7.2 Specialist Palliative Care Audit and Guidelines Group (SPAGG) 2021. Clinical Guidelines for the Management of a Major Catastrophic Bleed for People at the End of Life. Version 3.0

7.3 The management of carotid artery rupture related to the terminal care of the head and neck cancer patient – Potter, E. 2005 (2nd ed).

7.4 Somerset NHS Foundation Trust (2025). Standard Infection Control Precautions Policy – Safe Management of Blood and Bodily Fluid spillages. Pg 13

[STANDARD INFECTION CONTROL PRECAUTIONS \(1\).pdf](#)

7.5 Somerset NHS Foundation Trust (2024). Controlled Drugs Policy – Appendix A: Controlled Drugs Schedule. Pg 11

[Controlled Drugs Jan 24.pdf](#)

7.6 Somerset NHS Foundation Trust (2023). Midazolam Preparations: Supply, ordering, record keeping, storage and returns (CD SOP 20).

[Midazolam preparations supply ordering record keeping storage and returns.doc.pdf](#)

7.7 Somerset NHS Foundation Trust (2024). Somerset Treatment Escalation Plan (STEP) and Resuscitation Decision Policy

[SFT STEP Policy V2 \(FINAL\) \(1\).pdf](#)

8.0 APPENDIX A

The following items are suggested for keeping within the 'Red Bag':

- Yankeur Suction Catheter/ Deep suction Catheter if Tracheostomy tube in situ
- Paper Bowls
- PPE to include visors/ goggles, Aprons, Gloves and Face Masks
- Dark/ Red Towels/ Dark Green Surgical Blankets – These will need to be discarded after use.

9.0 APPENDIX B

	Acute Hospital Environment (MPH/YDH)	Community Hospital	Hospice Inpatient Unit	Nursing Home/ Residential Homes	Home Environment
Midazolam 10mg	IM -Deltoid Must be stored in a locked drug cupboard. This can be locked in bedside Pods on Acute Wards (If bleeding anticipated)	IM/BUCCAL To be stored in a locked drug cupboard	IM/BUCCAL As per local storage policy	IM/BUCCAL As per local storage policy	BUCCAL (Ideally Pre-Loaded Syringes) – Just in Case Box within the home. Storage place agreed with patient/ carer/ family
Dark Towels	At bedside or close by. Some areas will have the 'Red Bag'.	At bedside or close by.	Within bedspace or room.	Within resident's room environment.	Within the home – Easily accessible and known to carers/family.
Alerts	Highlight during Nursing/ Medical Handovers To be documented within patient notes Updated Alert via eSTEP form on SiDeR – This will update all	During Handovers To be documented within patient notes SiDeR to be reviewed regarding specific management plans and Alerts	At handovers and within patient notes System 1 digital system updated SiDeR to be reviewed for Alerts and specific management plans	Within residents Care Plans and at handovers. To ensure District Nurses who are involved, are aware. GP to access SiDeR to update	GP, DNs, CPCNS, Family members and household members to be aware of risk. SiDeR accessed for specific management

	systems and accessible to community teams			Nursing/ Residential Care teams – This will be accessible to SWAST also	plans and Alerts – Accessible to SWAST also
Suction	Walled with Yankeur at bedside	Walled or Portable near by	Walled or Portable suction near by	Portable suction if available	If available: Within easy reach

10.0 APPENDIX C

Guidance for family in the event of Uncontrollable Bleeding:

1. If able and trained - Give 10mg of Buccal Midazolam (1 dose). Place between the gums and cheek.
2. Call for help – Call District Nurse team or Hospice Team to attend as soon as possible.
3. You can also call 999 for support also. Please state as below to the call handler to ensure the situation is managed appropriately:

“This is anticipated bleeding and (Name) is not for resuscitation. I would like some support from a paramedic please and I have/ have not yet administered Midazolam Medication”.