

Implementation of menorrhagia protocol in an ED short stay unit

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Menorrhagia with associated anaemia presenting to the Emergency Department (ED) commonly leads to hospital admission for further monitoring and intervention. During their inpatient stay, patients had to wait for a new medical team to assess them and be reviewed to establish a definitive management plan. For such a process, it resulted in disjointed care and prolonged wait times for patients. To address the issue, the Extended Diagnostics and Treatment Unit (EDTU) - a 24-hour ED short-stay facility - implemented a standardized Menorrhagia Protocol to streamline care delivery, reduce inpatient admissions, and optimize resource utilization. The protocol applied to haemodynamically stable patients aged over 16 years presenting with heavy menstrual bleeding and anaemia (Hb <7 g/dl, or <8 g/dl for those with ischaemic heart disease). Exclusion criteria included pregnancy, haemodynamic instability, haemoglobin levels below 5 g/dl, significant comorbidities, and non-gynaecological causes of anaemia. Intervention included blood transfusion or intravenous iron infusion for symptomatic anaemia, accompanied by pharmacologic therapy such as oral mefenamic acid, oral tranexamic acid, or intramuscular progesterone, depending on bleeding severity. Patients who demonstrated clinical improvement, treatment tolerance, and haemodynamic stability were discharged from EDTU with oral medication and scheduled follow-up in the Gynaecology clinic within 2–4 weeks. Between March 2024 and January 2025, 38 patients were managed using the EDTU Menorrhagia Protocol. Of these, 35 patients (92%) were safely discharged within 24 hours, with no readmissions for related complications within 1 month. Only five patients (13%) required inpatient admission. Implementation of the protocol achieved an 87% reduction in ward admissions and a 90% reduction in average inpatient length of stay, resulting in 231 bed-days saved and a significant reduction in expenditure. These outcomes were supported by regular staff training, audits, and feedback mechanisms to maintain adherence and ensure continuous quality improvement. The EDTU Menorrhagia Protocol has significantly improved the care continuity, accelerated clinical decision-making, and enhanced operational efficiency. This model demonstrates that protocol-driven management of stable patients with menorrhagia in a short-stay ED unit can reduce hospital burden while maintaining high standards of patient safety and clinical effectiveness.

Keywords: Menorrhagia, observation medicine, short-stay ward, protocol.