bleeding in patients with cancer results from a complex interplay of disease and treatment-related factors. Bleeding may be the result of a reduction in the quantity or functional quality of platelets, an alteration in clotting factors, a paraneoplastic syndrome, or a combination of such factors. Thrombocytopenia is the primary cause of bleeding in patients with cancer and is commonly attributed to myelosuppressive chemotherapy, radiation therapy, or from bone marrow infiltration of the malignancy. Other causes of thrombocytopenia include splenic sequestration of platelets, immune-mediated thrombocytopenia, and platelet destruction from disseminated intravascular coagulation (DIC) (Avvisata, Tririndelli, & Kanaporn, 2003).

Bleeding is manifested in several ways. Ecchymosis and petechiae can be presenting signs of thrombocytopenia and bleeding. More overt manifestations include epistaxis, hemoptysis, hematemesis, melena, hematuria, vaginal bleeding, and bleeding around wounds and vascular access lines. Although bleeding may occur slowly with continuous low-volume oozing, the potential for an acute cataclysmic event exists. Overall, the consequences of bleeding and subsequent hemorrhage may be profound with potential for hypovolemia, intracranial hemorrhage, and death (Pereira & Phan, 2004).

Nurses in the oncology outpatient and hospital setting often are the first to detect potential and actual bleeding issues and play a key role in the prevention of a catastrophic bleeding event. To prevent and manage bleeding, nurses should use evidence-based interventions reflected in the published literature. Therefore, the purpose of this article is to provide nurses with current evidence about the prevention and management of bleeding in patients with cancer. The second purpose is to discuss the process and the development of the Prevention and Management of Bleeding Putting Evidence Into Practice (PEP) content from the Oncology Nursing Society (ONS).