



An algorithmic approach to the diagnosis of a bleeding etiology in a patient with a normal prothrombin time (PT) and activated partial thromboplastin time (aPTT). Initial evaluation should confirm that the bleeding is truly excessive and that the PT and aPTT results are not false-negative results due to recent transfusion therapy or drawing

blood from the wrong patient. If a coagulopathy is likely, further directed workup would seek to rule out platelet dysfunction, von Willebrand disease, fibrinolysis abnormalities, as well as factor XIII and fibrinogen abnormalities. Negative workup for all of these would prompt a clinical evaluation to exclude vascular disorders.