

EXAMPLES OF AVAILABLE BLEEDING DEFINITIONS^a

Bleeding Severity	TIMI	GUSTO-1	Landefeld Bleeding Index	ISTH (Nonsurgical)
Severe or Life-Threatening		ICH or bleeding with hemodynamic compromise requiring intervention	Fatal—death Life-threatening—producing MI, stroke, surgical intervention Potentially life-threatening (two of the following): <ul style="list-style-type: none"> • severe blood loss • hypotension (>20% drop in SBP to <90 mm Hg) • critical anemia (↓ Hct 20% to 25% or less) 	
Major	ICH ↓ Hct ≥15% ↓ Hgb ≥5 g/dL Each transfused unit counts as 1 g/dL Hgb or 3% Hct		Fatal Severe ≥3 units of blood loss	Fatal Symptomatic bleeding in a critical area or organ ↓ Hgb ≥2 g/dL leading to transfusion of ≥2 units of whole blood or red cells
Moderate		Bleeding that requires blood transfusion with hemodynamic compromise	≥2 units and <3 units	

(continued)

Bleeding Severity	TIMI	GUSTO-1	Landefeld Bleeding Index	ISTH (Nonsurgical)
Minor	<i>GI or GU bleeding observed:</i> ↓ Hct ≥10% ↓ Hgb ≥3 g/dL <i>Not observed:</i> ↓ Hct ≥12% ↓ Hgb ≥4 g/dL		<i>Overt bleeding:</i> GI, hemoptysis, hematuria Transfusion ≥1 unit and <2 units of blood Blood loss ≥1 unit/week or ↓ Hct >20% discharge Hct <30% + blood loss of ≥1 unit/week + drop of Hct of 20% or more	

^aThe definition of bleeding has varied between clinical trials. A universally accepted approach is not currently in place.

GI: gastrointestinal, GU: genitourinary, Hct: hematocrit, Hgb: hemoglobin, ICH: intracerebral hemorrhage, MI: myocardial infarction, SBP: systolic blood pressure

Sources: Landefeld CS, Anderson PA, Goodnough LT, et al. The bleeding severity index: validation and comparison to other methods for classifying bleeding complications of medical therapy. *J Clin Epidemiol.* 1989;42:711–718; Schulman S, Kearon C. Subcommittee on Control of Anticoagulation of the Scientific and Standardization Committee of the International Society on Thrombosis and Haemostasis. Definition of major bleeding in clinical investigations of antihemostatic medicinal products in non-surgical patients. *J Thromb Haemost.* 2005;3:692–694; Rao SV, O’Grady K, Pieper KS, et al. A comparison of the clinical impact of bleeding measured by two different classifications among patients with acute coronary syndromes. *J Am Coll Cardiol.* 2006;47:809–816.