

ACUTE UPPER GI BLEED
(Hematemesis, coffee ground, emesis, melena)

H & P

Institute standard resuscitative measures if in shock

Labs to include BMP, Liver Profile, CBC/plt, PT, and Type and Cross - 4u PRBC

Initial resuscitation and stabilization:
- All patients receive Protonix 80 mg IV bolus, then 8 mg/hour IV
- If cirrhosis/portal htn. give octreotide 100mcg IV bolus, then 50 mcg/hour IV —

Establish pre-endoscopy risk of rebleed assessment.
Predictors of Rebleeding:
Age>60
Cirrhosis/Portal hypertension
Renal disease
Anticoagulant use
Coagulopathy
Shock at presentation
Cardiac disease

High risk of rebleeding or hemodynamically unstable?

No

Low risk of rebleeding and hemodynamically stable

Hold in ER if young, otherwise healthy & EGD feasible in GI lab within 3-4 hrs (weekdays 8 AM - 4 PM)
OR
Admit to GI service

Yes

ICU admission with urgent/emergent endoscopy

Consult GI Service

Disclaimer

Comments, questions, or suggestions should be directed to:
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