Riverside University HEALTH SYSTEM

RUHS Adult CRITICAL GI Bleed Emergency Department Pathway

Critical GIB identified*

- 2 large bore IVs
- IVF bolus if indicated
- <u>Labs:</u> CBC, CMP, PTT/INR, VBG, lactate, ETOH level, type & cross 2 Units PRBCs, TEG
- <u>STAT Consult:</u> MICU, ACS, & GI

Upper GI Bleed

- Pantoprazole 80mg IV bolus, then 8mg/hr gtt
- Metoclopramide 10mg IV
- <u>For pts w/Cirrhosis add:</u>
  - Octreotide 50mcg IV bolus then 50mcg IV/hr gtt
  - Ceftriaxone 1gm IV
  - Avoid NGT/OGT

Lower GI Bleed

- CT angio abd.pelvis w/venous phase to determine colonoscopy vs IR
- Rapid GI Prep Protocol

Goal

Time to EGD: 60minutes (preferably in MICU)

MICU orders within 30min of consult

Consider early intubation

Reverse coagulopathy

Avoid pressors if possible

Do Not place Blakemore tube without consulting GI unless no alternative

*Critical GIB criteria

- Persistent Hypotension
- GCS <13
- Active hematemesis in ED
- Active hematochezia or melena with unstable vitals
- Need for Massive Transfusion Protocol