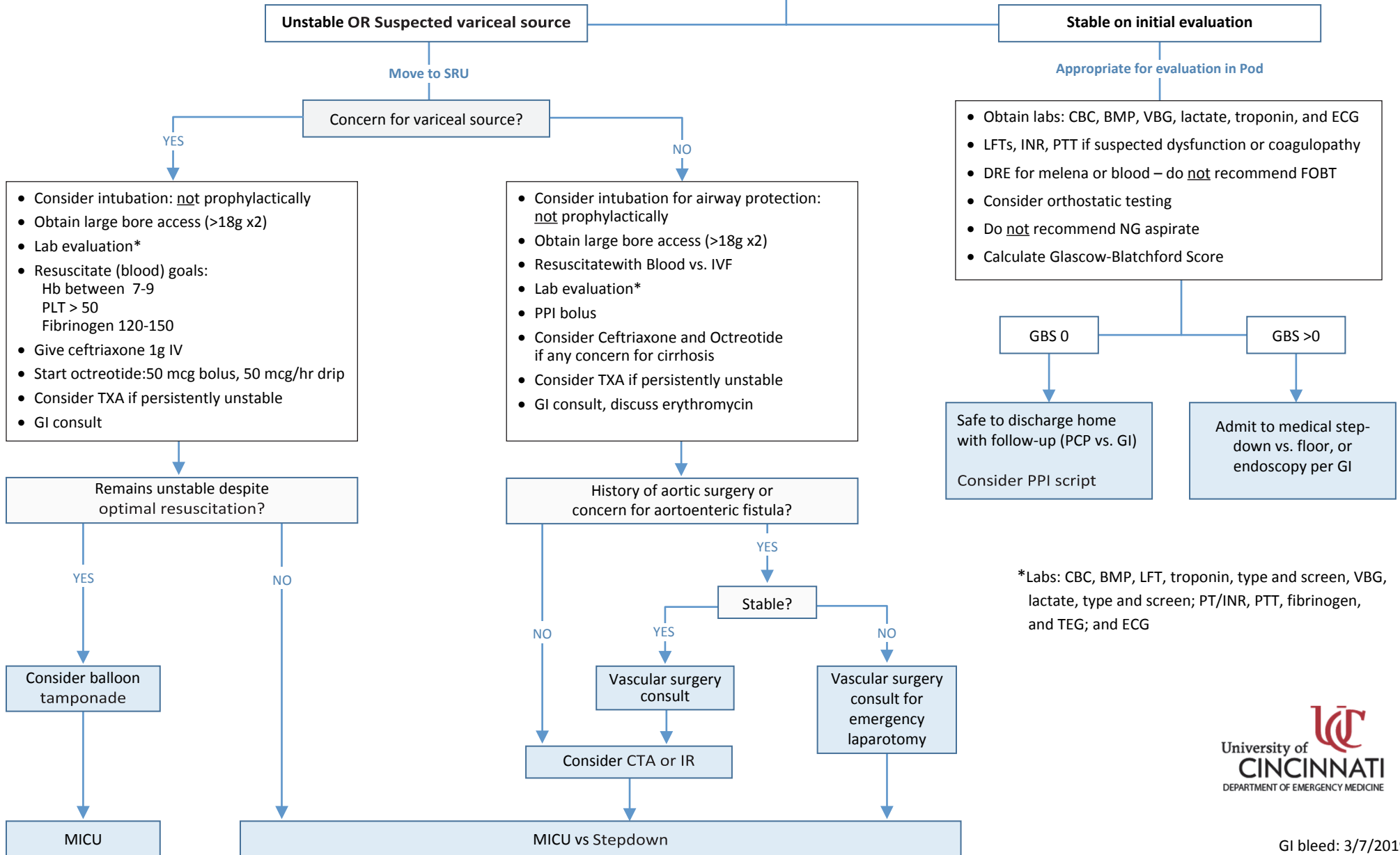


Suspected Upper GI Bleeding Protocol

See page 2 for protocol reference sources

INITIAL ASSESSMENT:
Patients with suspected upper GI bleed (hematemesis, melena, hematochezia)

- ABCs
- IV, O₂ as needed, monitor
- Vitals
- H&P



UPPER GI BLEED SOURCE REFERENCES

Recommendation: consider intubation, but not prophylactically

Almashhrawi, A. A., Rahman, R., Jersak, S. T., Asombang, A. W., Hinds, A. M., Hammad, H. T., ... & Bechtold, M. L. (2015). Prophylactic tracheal intubation for upper GI bleeding: A meta-analysis. *World journal of meta-analysis*, 3(1), 4.

Recommendation: target Hgb between 7-9 in resuscitation, PLT > 50, Fibrinogen 120-150

1. Gralnek, I. M., Dumonceau, J. M., Kuipers, E. J., Lanas, A., Sanders, D. S., Kurien, M., ... & Racz, I. (2015). Diagnosis and management of nonvariceal upper gastrointestinal hemorrhage: European Society of Gastrointestinal Endoscopy (ESGE) Guideline. *Endoscopy*, 47(10), a1-a46.
2. Razzaghi A, Barkun AN. Platelet transfusion threshold in patients with upper gastrointestinal bleeding: a systematic review. *J Clin Gastroenterol*. 2012;46:482–6.
3. Clevenger B, Mallett SV. Transfusion and coagulation management in liver transplantation. *World J Gastroenterol*. 2014;20:6146–58.
4. Villanueva C, Colomo A, Bosch A, Concepcion M, Hernandez-Gea V, Aracil C, et al. Transfusion strategies for acute upper gastrointestinal bleeding. *N Engl J Med*. 2013;368(1):11–21

Recommendation: start octreotide 50mcg bolus, 50mcg/hr drip

1. Corley D. A., Cello J. P., Adkisson W., Ko W. F., Kerlikowske K. Octreotide for acute esophageal variceal bleeding: a meta-analysis. *Gastroenterology*. 2001;120(4):946–954.
2. Wells M, Chande N, Adams P, et al. Meta-analysis: vasoactive medications for the management of acute variceal bleeds. *Aliment Pharmacol Ther* 2012;35:1267–78.

Recommendation: consider TXA if persistently unstable

Bennett C, Klingenberg SL, Langholz E, Gluud LL. Tranexamic acid for upper gastrointestinal bleeding. *The Cochrane database of systematic reviews*. 2014;(11):CD006640. Epub 2014/11/22. 10.1002/14651858.CD006640.pub3

Recommendation: bolus PPI for non-variceal source

Sachar, Hamita, Keta Vaidya, and Loren Laine. "Intermittent vs continuous proton pump inhibitor therapy for high-risk bleeding ulcers: a systematic review and meta-analysis." *JAMA internal medicine* 174.11 (2014): 1755-1762.

Recommendation: give ceftriaxone 1g IV for suspected variceal bleeding

1. Fernández J, Ruiz del Arbol L, Gómez C, Durandez R, Serradilla R, Guarnier C, Planas R, Arroyo V, Navasa M. Norfloxacin vs ceftriaxone in the prophylaxis of infections in patients with advanced cirrhosis and hemorrhage. *Gastroenterology*. 2006;131:1049–1056; quiz 1285.
2. Lee YY, Tee HP, Mahadeva S. Role of prophylactic antibiotics in cirrhotic patients with variceal bleeding. *World J Gastroenterol*. 2014;20(7):1790-6.
3. Chavez-Tapia NC, Barrientos-Gutierrez T, Tellez-Avila FI, et al. Antibiotic prophylaxis for cirrhotic patients with upper gastrointestinal bleeding. *Cochrane Database Syst Rev* 2010; 9:CD002907

Recommendation: do not place NG tube for stable suspected UGIB

1. Huang ES, Karsan S, Kanwal F, et al. Impact of nasogastric lavage on outcomes in acute GI bleeding. *Gastrointest Endosc* 2011;74:971 [doi:10.1016/j.gie.2011.04.045](https://doi.org/10.1016/j.gie.2011.04.045)
2. Rockey DC, Ahn C, de Melo SW Randomized pragmatic trial of nasogastric tube placement in patients with upper gastrointestinal tract bleeding. *Journal of Investigative Medicine*. 2017;65:759-764.
3. Pallin D. J., Saltzman J. R. Is nasogastric tube lavage in patients with acute upper GI bleeding indicated or antiquated? *Gastrointestinal Endoscopy*. 2011;74(5):981–984. doi: 10.1016/j.gie.2011.07.007.

Recommendation: do not use FOBT for stable suspected upper GI bleed

1. Narula N, et al. Fecal occult blood testing as a diagnostic test in symptomatic patients is not useful: a retrospective chart review. *Can J Gastroenterol Hepatol*. 2014;28(8):421–426. doi: 10.1155/2014/189652.
2. Narula N, et al. Fecal occult blood testing as a diagnostic test in symptomatic patients is not useful: a retrospective chart review. *Can J Gastroenterol Hepatol*. 2014;28(8):421–426. doi: 10.1155/2014/189652.

Recommendation: use GBS of 0 for safe disposition home

1. Blatchford O, Murray WR, Blatchford M. A risk score to predict need for treatment for upper-gastrointestinal haemorrhage. *Lancet*. 2000;356:1318–21
2. Cheng DW, Lu YW, Teller T, Sekhon HK, Wu BU. A modified Glasgow Blatchford Score improves risk stratification in upper gastrointestinal bleed: a prospective comparison of scoring systems. *Aliment Pharmacol Ther*. 2012;36:782–789
3. Stanley Adrian J, Laine Loren, Dalton Harry R, Ngu Jing H, Schultz Michael, Abazi Roseta et al. Comparison of risk scoring systems for patients presenting with upper gastrointestinal bleeding: international multicentre prospective study *BMJ* 2017; 356 :i6432