

GI BLEED CDU GUIDELINE

INCLUSION CRITERIA

- History of dark stool in last 24-48 hours
- Upper GI bleed
- No more than 2 episodes of bright red blood
- GI consulted for evaluation of patient (or endoscopy) within 24 hours
- Patient not anti coagulated, normal PT/INR (aspirin ok)
- Hgb >10 (asymptomatic anemia) or no more than 20% decrease from baseline Hgb
- Minimum ED interventions: IV, Labs (CBC, type and screen, metabolic panel), ECG, orthostatic vital signs

EXCLUSION CRITERIA

- Unstable vital signs (HR>100, SBP <100)
- Significant orthostatic changes (drop in SBP>20, standing pulse >110)
- More than 2 episodes of bright red bleeding
- Active bleeding (ongoing hematemesis, or bloody bowel movements, melena okay)
- Need for colonoscopy prep
- Hgb <10.0 or a decrease in Hct >10 on repeated labs in ED or requiring transfusion, symptomatic anemia
- ECG changes consistent with cardiac strain
- History known or suspected cirrhotic liver disease, coagulopathy, portal hypertension, esophageal varices
- Patient who require OR for endoscopy (includes moderate-severe vascular disease, HCM, EF <35%, class III antiarrhythmic use, stage IV CKD, supplemental oxygen use)
- Patient anti coagulated (aspirin ok)

CDU INTERVENTIONS AS INDICATED

- IV started, IV hydration as needed
- Serial Hct/Hgb Q 6h
- IV PPI
- Vital signs Q4 hours
- Patient NPO
- Expedited GI consult for possible endoscopy

CDU DISPOSITION

Home

- Stable vital signs
- Stable Hgb/Hct
- If endoscopy, no active bleeding, follow up arranged, placed on PPI
- If <24 hours observation after endoscopy procedure recommended

Admit to hospitalist service

- Decreasing Hgb/Hct
- Unstable vital signs
- Recurrence of bleeding
- Deterioration in clinical condition
- Active bleeding by endoscopy
- Intervention on endoscopy thought to be high risk for rebleeding (need 48 hour observation)
- Need for further endoscopic evaluation