GI Bleed

REFRESHER

RECOGNIZE IT

- Bleeding anywhere in the GI tract — upper (esophagus, stomach, duodenum) or lower
- Presents as hematemesis, hematochezia, or black tarry stools (melena)
- Upper GI sources: esophageal varices, peptic ulcers, gastritis
- Lower GI sources: diverticulitis, hemorrhoids

ASSESS

- Bright red emesis; coffee-ground emesis; black tarry stool; bright red blood
- Assess for shock: blood pressure, heart rate, altered mental status
- Red flags: history of liver disease, chronic NSAID or blood thinner use, alcohol abuse
- Red flag: sudden drop in BP with signs of shock

ACT — FIRST MOVES

1. Maintain MAP >60
2. Prevent or manage shock
3. Transport to the appropriate facility for definitive care

PEARLS

- The presentation tells the level: vomited blood is upper, tarry stool is digested blood
- Liver disease, NSAIDs, blood thinners, and alcohol abuse raise the stakes

Take Home Message:

Assess for shock, keep MAP above 60, and get the GI bleed to definitive care.