Suspected Upper GI Bleeding Protocol

INITIAL ASSESSMENT:
Patients with suspected upper GI bleed (hematemesis, melena, hematochezia)
- ABCs
- IV, O₂ as needed, monitor
- Vitals
- H&P

Unstable OR Suspected variceal source
- Consider intubation: not prophylactically
- Obtain large bore access (>18g x2)
- Lab evaluation*
- Resuscitate (blood) goals:
  - Hb between 7-9
  - PLT > 50
  - Fibrinogen 120-150
- Give ceftriaxone 1g IV
- Start octreotide:50 mcg bolus, 50 mcg/hr drip
- Consider TXA if persistently unstable
- GI consult

Remains unstable despite optimal resuscitation?
- Consider balloon tamponade

Stable on initial evaluation
- Obtain labs: CBC, BMP, VBG, lactate, troponin, and ECG
- LFTs, INR, PTT if suspected dysfunction or coagulopathy
- DRE for melena or blood – do not recommend FOBT
- Consider orthostatic testing
- Do not recommend NG aspirate
- Calculate Glasgow-Blatchford Score

Stable?
- Vascular surgery consult for emergency laparotomy

Vascular surgery consult
- Consider CTA or IR

consider PPI script

History of aortic surgery or concern for aortoenteric fistula?
- Stable?

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- History of aortic surgery or concern for aortoenteric fistula?
- Safe to discharge home with follow-up (PCP vs. GI)
- Admit to medical step-down vs. floor, or endoscopy per GI

* Labs: CBC, BMP, LFT, troponin, type and screen, VBG, lactate, type and screen; PT/INR, PTT, fibrinogen, and TEG; and ECG

See page 2 for protocol reference sources
### Recommendations:

**Consider intubation, but not prophylactically**

**Target Hgb between 7-9 in resuscitation, PLT > 50, Fibrinogen 120-150**

**Consider TXA if persistently unstable**

**Bolus PPI for non-variceal source**

**Give ceftriaxone 1g IV for suspected variceal bleeding**

**Do not place NG tube for stable suspected UGIB**

**Do not use FOBT for stable suspected upper GI bleed**

**Use GBS of 0 for safe disposition home**