

# ACUTE GI BLEEDING PRACTICE GUIDELINE

## ICU ADMISSION (HIGH RISK PATIENT)

### ACUTE GI BLEEDING PHYSICIAN INFORMATION - SEE BACK

Date	Time	Complete top portion with each Level of Care change. Indicate order with a Check Mark.
		<input type="checkbox"/> Outpatient Procedure: _____ (procedure) for _____ (medical reason).
		<input type="checkbox"/> Place in Outpatient Observation Services for _____ (medical reason).
		<input type="checkbox"/> Admit as Inpatient for _____ (medical reason).
Physician Signature: _____		

### INITIAL ORDERS

- |   |  |
|---|--|
| <input type="checkbox"/> Admitting Diagnosis: | <input type="checkbox"/> Upper <input type="checkbox"/> Lower gastrointestinal hemorrhage                                      |
| <input type="checkbox"/> Attending Physician: | <input type="checkbox"/> Dr. _____ contacted by covering medical resident  |
| <input type="checkbox"/> GI Consult:          | <input type="checkbox"/> Dr. _____ contacted by covering medical resident  |
| <input type="checkbox"/> Vital Signs:         | Every 1 hour, including postural pulse and blood pressure until stable, then every 4 hours                                     |
| <input type="checkbox"/> Diet:                | <input type="checkbox"/> NPO until bleeding controlled, then clear liquid diet   |
| <input type="checkbox"/> Laboratory Tests:    | Hemoglobin, hematocrit every 6 hours x 24 hours  |
| <input type="checkbox"/> Fluids:              | Normal Saline @ <input type="checkbox"/> 200 mL/hour <input type="checkbox"/> 250 mL/hour <input type="checkbox"/> 300 mL/hour |
| <input type="checkbox"/> Oxygen Monitoring:   | Pulse oxygen monitoring  |
| <input type="checkbox"/> Oxygen Therapy:      | O <sub>2</sub> by nasal cannula @ 2 liters/min.  |
| <input type="checkbox"/> Blood:               | <input type="checkbox"/> Type & screen <input type="checkbox"/> Type & cross for _____ units packed RBCs.                      |
| <input type="checkbox"/> Urinary Output:      | <input type="checkbox"/> Foley or <input type="checkbox"/> Condom catheter to monitor urinary output                           |
| <input type="checkbox"/> Bleeding Assessment: | <input type="checkbox"/> NG tube (only to determine presence of active UGI bleeding)   |
| <input type="checkbox"/> Airway Protection:   | <input type="checkbox"/> Endotracheal intubation (if ongoing hematemesis or suspect variceal hemorrhage)                       |

### ADDITIONAL THERAPY FOR UNIQUE CIRCUMSTANCES WITH ACTIVE BLEEDING

- |  |   |
|--|---|
| 1. Low (less than 50,000 platelets):     | <input type="checkbox"/> Administer platelets - 4 units; recheck platelet count following administration        |
| 2. Abnormal (greater than 1.5) INR:      | <input type="checkbox"/> Administer 2 units FFP; recheck INR and correct to INR of less than 1.5                |
| 3. Uremia (Creatinine greater than 4.0): | <input type="checkbox"/> Administer 2 doses of Desmopressin at 0.3 mcg/kg. IV every 12 hours                    |
| 4. Advanced Liver Disease:               | <input type="checkbox"/> Administer Octreotide - 100 mcg IV bolus followed by infusion @ 50 mcg/hour x 24 hours |
| 5. Endoscopy Prep:                       | <input type="checkbox"/> With ongoing bleeding, administer erythromycin 250 mg IV 1 hour before endoscopy       |

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	<b>Write</b> Microgram	1.0	<b>Write</b> 1. Do not use zero after decimal point
qd, q.d.	<b>Write</b> Daily	Zero after decimal point	
qod	<b>Write</b> Every Other Day or Every 48 hrs	MS	<b>Write</b> Morphine
U or u	<b>Write</b> Units	MgSO <sub>4</sub> , MSO <sub>4</sub>	<b>Write</b> Magnesium sulfate or Morphine sulfate
.5	<b>Write</b> 0.5 - make sure you use preceding 0	IU	<b>Write</b> International units
No zero before decimal point		OS, OD, OU	<b>Write</b> Left or right eye or both eyes
		AS, AD, AU	<b>Write</b> Left or right ear or both ears



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PATIENT LABEL



MR.ORDER

SVPOD-019 (12/08)

# **ACUTE GI BLEEDING PRACTICE GUIDELINE ICU ADMISSION (HIGH RISK PATIENT)**

## **PHYSICIAN INFORMATION**

### **SUGGESTED TRANSFUSION TRIGGERS**

1. In patients with cardiovascular disease: Maintain Hgb. greater than 9.0 gm/dl or Hct. greater than 27%.
2. In Jehovah's Witness patients: no transfusion of any blood product.
3. In all other patients: maintain Hgb. greater than 7.0 gm/dl or Hct. greater than 21% in other patients.

### **POST-ENDOSCOPY MANAGEMENT**

1. If upper endoscopy shows ulcer, start Protonix 40 mg. PO BID for 8 weeks. Use IV route ONLY if patient cannot tolerate oral intake.
2. For patients with an ulcer who are H. pylori positive, consider Protonix 40 mg PO BID, PLUS clarithromycin 500mg po BID PLUS amoxicillin 500mg 1gm po BID for 14 days, followed by Protonix 40mg po daily for 8 weeks.
3. For patients with ulcers who do NOT have a visible vessel or active bleeding at endoscopy, consider discharge at 24 hours if clinical condition permits.
4. For patients with Mallory-Weiss tear, consider discharge the same day or in a.m. of following day if clinical condition permits.
5. For patients with ulcer, counsel patient above avoiding future use of aspirin or NSAIDs unless absolutely necessary.
6. For patients with esophageal varices, treatment may include octreotide, endoscopic variceal banding, monitoring for and treatment of encephalopathy with lactulose and initiation of beta blocker therapy the day after cessation of bleeding.