LOW RISK
1. Vital Signs: Every 1 hour until stable, then every 4 hours
2. Fluids: Normal Saline @ 150 mL/hour
3. Laboratory Tests: CBC, CMP, & INR
4. Disposition: □ Admit to Floor _______ Teaching service – on service of Dr. ____________
□ Outpatient management - Per Dr. ____________
5. GI Consult: Notify attending’s choice of GI consult

MODERATE RISK
1. Vital Signs: Every 1 hour until stable, then every 4 hours
2. Fluids: Normal Saline @ 150 mL/hour via 1 large bore peripheral IVs
3. Laboratory Tests: CBC, CMP, & INR
4. Cardiac: EKG
5. Oxygenation: Pulse oxygen monitoring
6. Oxygen Therapy: O\textsubscript{2} by nasal cannula @ 2 liters/hour
7. Blood: □ Type & Screen □ Type & Cross for _________ units packed RBCs.
8. Admission: Admit to Floor ____________ Teaching service – on service of Dr. ____________
9. GI Consult: Notify attending’s choice of GI consult

HIGH RISK
10. Admitting Diagnosis: □ Upper □ Lower gastrointestinal hemorrhage
11. Vital Signs: Every 1 hour, including postural pulse and blood pressure until stable, then every 4 hours
12. Laboratory Tests: CBC, CMP, & INR
13. Cardiac: EKG
14. Fluids: Normal Saline @ □ 200 mL/hour □ 250 mL/hour □ 300 mL/hour
15. Oxygen Monitoring: Pulse oxygen monitoring
16. Oxygen Therapy: O\textsubscript{2} by nasal cannula @ 2 liters/minute; adjust to maintain O\textsubscript{2} saturation greater than or equal to 95%
17. Blood: □ Type & Screen □ Type & Cross for _________ units packed RBCs.
18. Urinary Output □ Foley or □ Condom catheter to monitor urinary output
19. Bleeding Assessment: □ NG tube (only if necessary to determine presence of active UGI bleeding)
20. Airway Protection: □ Endotracheal intubation (if ongoing hematemesis or suspect variceal hemorrhage)
21. Admission: Admit to ICU - Teaching - on service of Dr. ____________
22. GI Consult: Notify attending’s choice of GI consult

Physician Signature ___________________________ Date ____________ Time ____________

PROHIBITED ABBREVIATION | REQUIRED TERM | PROHIBITED ABBREVIATION | REQUIRED TERM
---------- | ------------ | ---------------- | ------------
ug | Write Microgram | 1.0 | Write 1. Do not use zero after decimal point
qd, q.d. | Write Daily | Zero after decimal point | Write 0. Do not use zero after decimal point
qod | Write Every Other Day or Every 48 hrs | MS | Write Morphine
U or u | Write Units | MgSO\textsubscript{4}, MSO\textsubscript{4} | Write Magnesium sulfate or Morphine sulfate
.5 | Write 0.5 - make sure you use preceding 0 | OS, OD, OU | Write Left or right eye or both eyes
No zero before decimal point | Write | AS, AD, AU | Write Left or right ear or both ears
ACUTE GI BLEEDING PRACTICE GUIDELINE
EMERGENCY ROOM PROTOCOL

PHYSICIAN INFORMATION

ER INITIAL RAPID RISK ASSESSMENT FOR ER MANAGEMENT

- Systolic Blood Pressure less than 100 mm Hg or 30 mm Hg below prior baseline → HIGH RISK
- Systolic Blood Pressure greater than 100 mm Hg but Heart Rate greater than 100 → MODERATE RATE
- Systolic Blood Pressure and Heart Rate normal → LOW RISK

COMPREHENSIVE RISK ASSESSMENT FOR DISPOSITION

**LOW RISK**
- Age less than 60 years
- Initial SBP greater than 100, vital signs normalize within 1 hour
- No active bleeding (no hematemesis, Hematochezia or significant red blood in NG aspirate)
- Transfusion requirement less than 2 units
- No active major co-morbid disease*
- No active liver disease
- Suitable home environment

**MODERATE RISK**
- Age greater than 60 years
- Initial SBP less than 100 and/or mild ongoing tachycardia
- Minimal active bleeding (minimal red blood in NG aspirate) or infrequent blood output
- Transfusion requirement greater than 2 units
- Stable major co-morbid disease*
- Liver disease – no coagulopathy or encephalopathy
- Unsuitable home environment

**HIGH RISK**
- Age greater than 60 years
- Current SBP less than 100 and/or ongoing tachycardia
- Active bleeding manifested by hematemesis, hematochezia or marked red blood in NG aspirate
- Transfusion requirement greater than 5 units
- Unstable major co-morbid disease*
- Decompensated liver disease
- Intubation needed to protect airway

*Co-morbid disease includes Ischemic heart disease, CHF, acute renal failure, sepsis, disseminated malignancy, pneumonia, COPD/asthma & altered mental status.

DISPOSITION

- If High Risk → Admit to ICU. Notify attending and request GI consult of attending’s choice for resuscitation and endoscopy.
- If Moderate Risk → Admit to Acute Medical Unit for stabilization. Notify attending and request GI consult of attending’s choice.
- If Low Risk → outpatient endoscopy if possible and possible discharge from the E.R. or admit to observation for early endoscopy and discharge. Notify attending and request GI consult of attending’s choice.