ACUTE GI BLEEDING PRACTICE GUIDELINE

EMERGENCY ROOM PROTOCOL - INITIAL EMERGENCY ROOM MANAGEMENT

ER INITIAL RAPID RISK ASSESSMENT– SEE BACK

Date / Time: _____

☐ **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_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_2 by nasal cannula @ 2 liters/minute; adjust to maintain O_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 Zero after decimal point	***Write*** 1. Do not use zero after decimal point
qd, q.d.	***Write*** Daily		
qod	***Write*** Every Other Day or Every 48 hrs	MS	***Write*** Morphine
		MgSO4, MSO4	***Write*** Magnesium sulfate or Morphine sulfate
U or u	***Write*** Units	*IU*	***Write*** International units
.5 No zero before decimal point	***Write*** 0.5 - make sure you use preceding 0	*OS, OD, OU*	***Write*** Left or right eye or both eyes
		AS, AD, AU	***Write*** Left or right ear or both ears

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A Ministry of the Sisters of Charity Health System

PATIENT LABEL

MR.ORDER

SVPOD-142 (REV. 12/08)

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
CLINICAL FINDINGS

☐ 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.