

ACUTE GI BLEEDING PRACTICE GUIDELINE

FLOOR ADMISSION (MODERATE OR LOW RISK PATIENT)

PHYSICIAN DECISION MAKING INFORMATION – SEE BACK

INITIAL ORDERS

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: _____		

1. Admitting Diagnosis: Upper Lower gastrointestinal hemorrhage

2. Attending Physician: Dr. _____ contacted by covering medical resident

3. GI Consult: Dr. _____ contacted by covering medical resident

4. Vital Signs: Every 1 hour, including postural pulse and blood pressure until stable, then every 4 hours

5. Activity: Bedrest Other _____

6. Diet: NPO Clear liquids Other _____

7. Laboratory Tests: Hemoglobin, hematocrit every 6 hours x 24 hours Other _____

8. Fluids: Normal Saline @ 100 mL/hour 150 mL/hour 200 mL/hour

9. Oxygen Monitoring: Pulse oxygen monitoring

10. Oxygen Therapy: O₂ by nasal cannula @ 2 liters/minute if pulse oxygen less than 97%

11. Blood: Type & Screen Type & Cross for _____ units packed RBCs.

12. Other: _____

13. Other: _____

14. Other: _____

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	
qod	Write Every Other Day or Every 48 hrs	MS	Write Morphine
U or u	Write Units	MgSO ₄ , MSO ₄	Write Magnesium sulfate or Morphine sulfate
.5	Write 0.5 - make sure you use preceding 0	IU	Write International units
No zero before decimal point		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



MR.ORDER

SVPOD-185 (REV. 12/08)

PATIENT LABEL

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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 BID plus amoxicillin 500 mg 1 gm BID for 14 days, followed by Protonix 40 mg 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 about 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 treatment of encephalopathy with lactulose and initiation of beta blocker therapy the day after cessation of bleeding.