Approach to GI Bleed
7/16/2017

UGI Bleed: usually coffee ground emesis or melena (black tarry stool – digested blood) => PUD vs Varices vs other
LGI Bleed: BRBPR vs maroon blood => diverticulosis, colon cancer, angiodysplasia, other

1) History – ask about specific risk factors for UGI bleed
    - PUD: NSAID, steroids, hx of ulcers
    - Varices: heavy alcohol use or liver disease
2) Exam
    - Abdomen: probably just mild tenderness, if severe pain may be something else or perforation
    - Rectal exam is the most important exam: identify stool color, Guaiac status, external vs internal hemorrhoids, and anal fissures
3) Workup: CBC, lytes, BUN (elevated in UGI bleed), coags, and type + screen
4) Treatment
    - PPI for all UGI Bleeds
    - Octreotide and antibiotics if varices suspected
5) Dispo
    - Usually admit UGI bleeds or concern for UGI bleeds
    - LGI bleeds depend on patient comorbidities and clinical status (hemoglobin and vital signs)

Quick Facts

- Octreotide vasoconstricts splanchnic vasculature decreasing variceal blood pressure and volume
- Antibiotics are useful in varices since there is commonly an underlying infection
- Don’t forget other causes of UGI bleeds: gastritis, esophagitis, tumor, polyp + more