GI Bleeding

someone presents with blood in stool with hypotension. we have to:

1. Fluid resuscitation with normal saline or Ringer’s lactate is the most important 1st step
2. CBC
   - checking hematocrit if below 30 in old or unhealthy person with heart disease we give PRBC
   - if he’s healthy and young give PRBC if below 20
   - if platelets are less than 50,000 we should transfuse platelets if we are either going to undergo surgery or if we are already bleeding
3. if PT is elevated
   - give FFP since it works instantaneously
   - we don’t give vitamin K since it takes time
4. NG tube
   - is not the most important step
   - we use it to determine if we scope upper or lower GI for the bleed site
5. Endoscopy

HERE WE DON’T TEST FOR ORTHOSTASIS SINCE HIS BP WOULD DROP ALOT IF HE HAS SEVERE BLOOD LOSS
Orthostasis is used to check for 15-20% blood loss (small amount only) and is used if the person has normal BP not in hypotension
[once we have SBP <100 or Pulse >100 we already know we have a 30% blood loss]
the cause doesn’t change management of fluids, blood, platelets, and plasma and 80% will stop anyway without scoping

• Upper GI bleed: above ligament of traid D2-D3
  if it’s upper GI we can Cauterize, give Epinephrine, and Clip

  - Ulcers
    - most common cause
    - here we give PPI not H2 blockers
    - Hemorrhage is the most common complication of peptic ulcer disease
  - Gastritis
    - here we also give PPI not H2 blockers
  - esophagitis
  - Mallory weiss
    - Increased intragastric pressure during vomiting can cause tears in the mucosa of the distal esophagus and proximal stomach. These are called Mallory-Weiss tears, and account for 10% of upper GI bleeds
  - Meckel’s diverticulum