

Lower GI Bleeding

For bleeding from the rectum and/or bright red bloody stools

History



- Age
- Past medical history
- Renal disease
- Medications (pepto bismol, NSAID, ASA, warfarin, lovenox, etc.)
- Number of episodes
- Alcohol use/abuse
- Weight loss

Signs and Symptoms

- Jaundice
- Hematochezia (bright red blood per rectum)
- Hematemesis
- Syncope

Differential

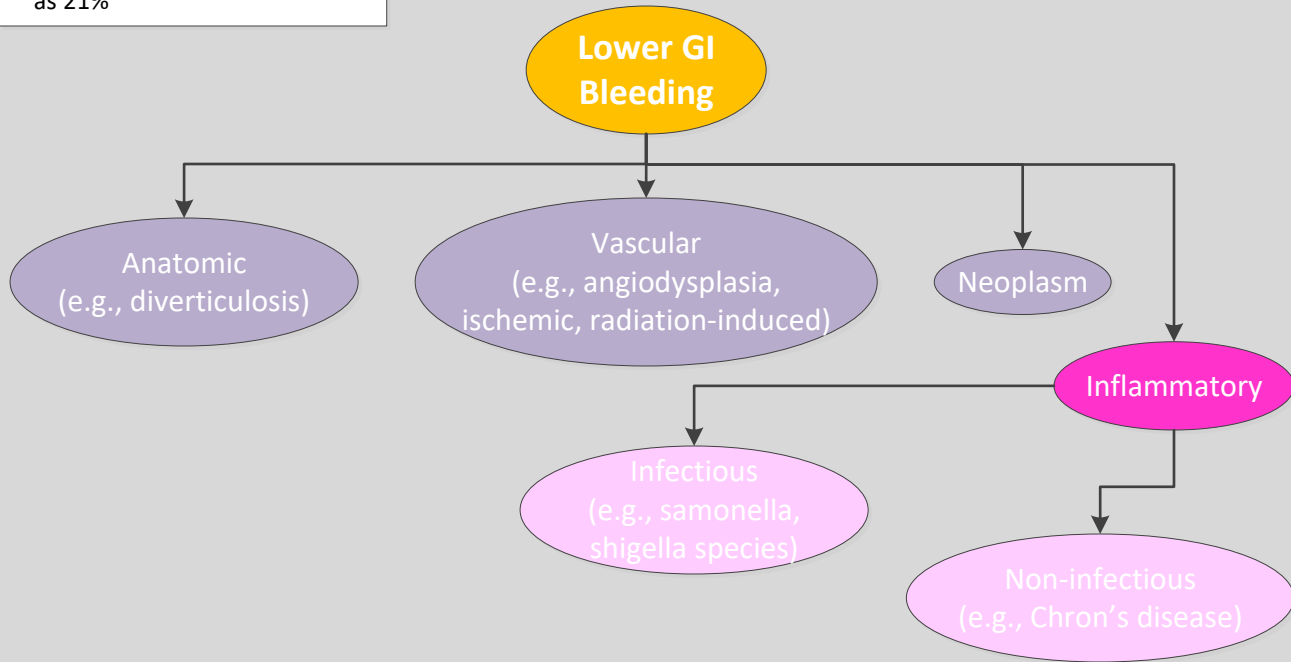
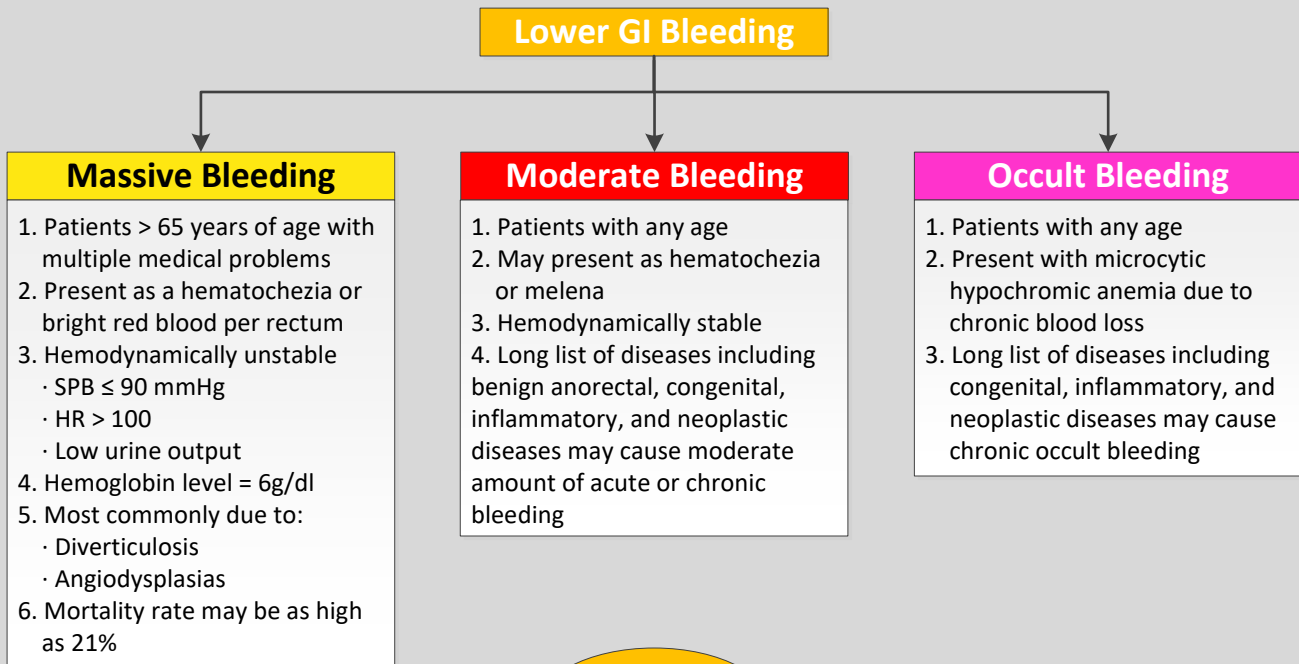
- Diverticulosis
- Cancer
- Inflammatory diarrhea (Crohn's)
- Peptic/gastric ulcer(s)
- Mallory Weiss tear
- Gastritis/esophagitis
- Vascular malformation
- Infectious diarrhea

| | |
|----------|--|
| E | Oxygen for sat < 92% |
| | Cardiac monitor |
| P | <i>Consider, 12-Lead ECG</i> |
| | Establish 2 large bore IVs |
| | If systolic BP < 90 Normal Saline bolus 500ml IV/IO Maximum 2L |
| | <i>Consider, Ondansetron</i> |
| | For pain <i>consider, Fentanyl</i> |
| |  Notify receiving facility. Consider Base Hospital for medical direction  |



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Adult Medical Treatment Protocols

Pearls

- Risk factors for a higher incidence of bleeding include age > 65 and multiple medical problems leads.
- Permissive hypotension is encouraged for massive GI bleeds. See Trauma protocol for additional information.
- Massive blood loss decreases the amount of blood available to the heart, therefore increases the risk for a MI.

