### Lower GI Bleeding

**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

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**Oxygen for sat < 92%**

**Cardiac monitor**

**Consider, 12-Lead ECG**

**Establish 2 large bore IVs**

**If systolic BP < 90**

**Normal Saline bolus 500ml IV/IO**
- **Maximum 2L**

**Consider, Ondansetron**

**For pain**
- **Consider, Fentanyl**

**Notify receiving facility.**

**Consider Base Hospital for medical direction**
Lower GI Bleeding
For bleeding from the rectum and/or bright red bloody stools

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.

Massive Bleeding
1. Patients > 65 years of age with multiple medical problems
2. Present as a hematochezia or bright red blood per rectum
3. Hemodynamically unstable
   - SPB ≤ 90 mmHg
   - HR > 100
   - Low urine output
4. Hemoglobin level = 6g/dl
5. Most commonly due to:
   - Diverticulosis
   - Angiodysplasias
6. Mortality rate may be as high as 21%

Moderate Bleeding
1. Patients with any age
2. May present as hematochezia or melena
3. Hemodynamically stable
4. Long list of diseases including benign anorectal, congenital, inflammatory, and neoplastic diseases may cause moderate amount of acute or chronic bleeding

Occult Bleeding
1. Patients with any age
2. Present with microcytic hypochromic anemia due to chronic blood loss
3. Long list of diseases including congenital, inflammatory, and neoplastic diseases may cause chronic occult bleeding

Anatomic (e.g., diverticulosis)
Vascular (e.g., angiodysplasia, ischemic, radiation-induced)
Neoplasm
Inflammatory
- Infectious (e.g., salmonella, shigella species)
- Non-infectious (e.g., Chron’s disease)