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

**Treatment Protocol**

- **E**
  - Oxygen for sat < 92%
  - Cardiac monitor
  - Consider, 12-Lead ECG

- **P**
  - 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
San Mateo County Emergency Medical Services

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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.