

# 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

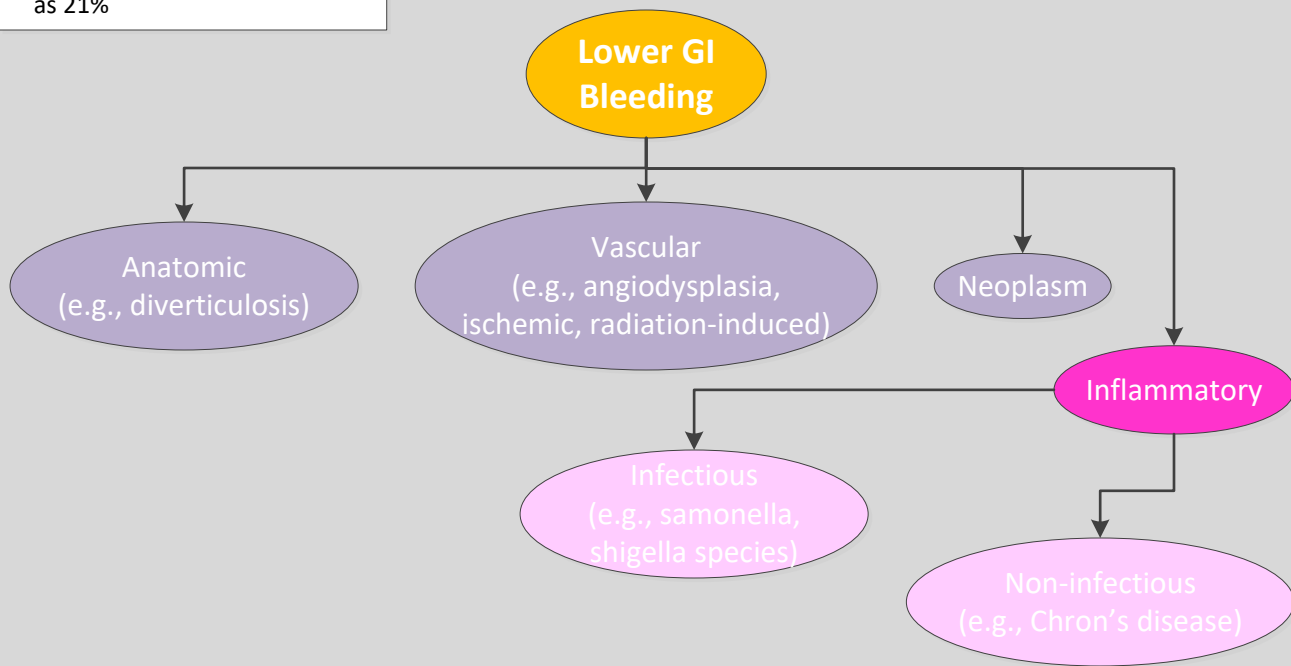
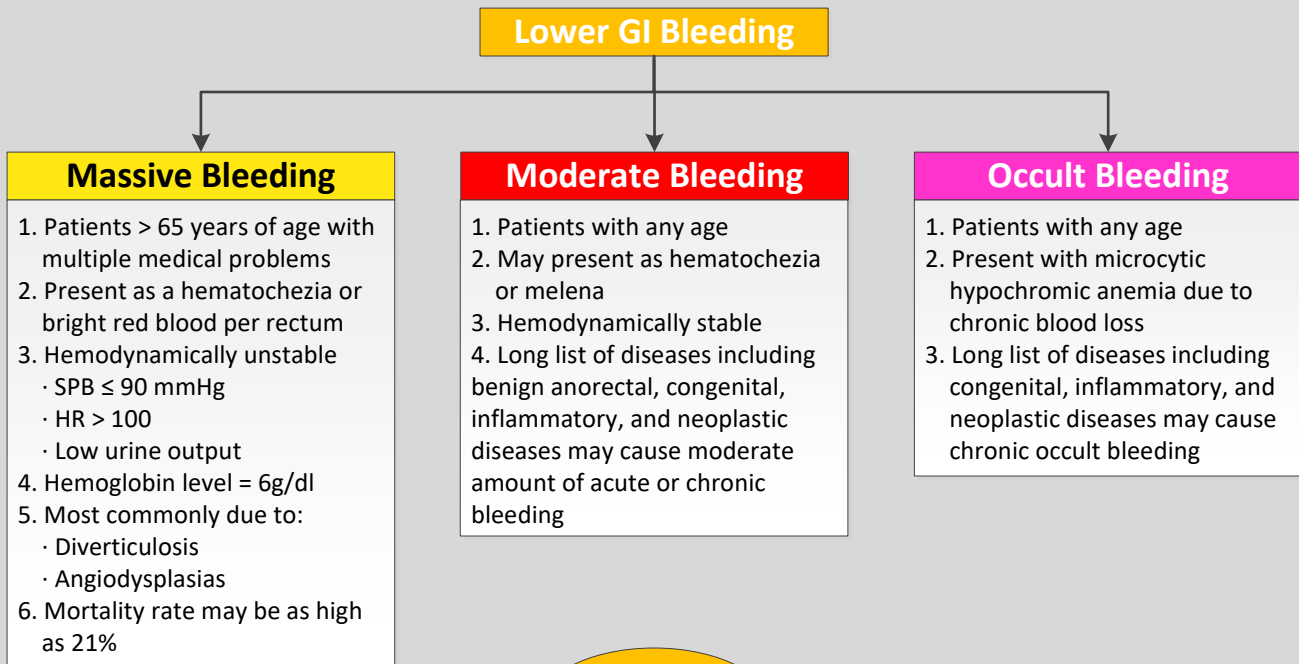
<b>E</b>	Oxygen for sat < 92%
	Cardiac monitor
	<i>Consider, 12-Lead ECG</i>
	Establish 2 large bore IVs
	If systolic BP < 90 <b>Normal Saline bolus 500ml IV/IO</b> <b>Maximum 2L</b>
	<i>Consider, Ondansetron</i>
	For pain <i>consider, Fentanyl</i>

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	<b>Notify receiving facility. Consider Base Hospital for medical direction</b>	
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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.