### 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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**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

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

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

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

**Lower GI 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)