Lower GI Bleeding

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

History

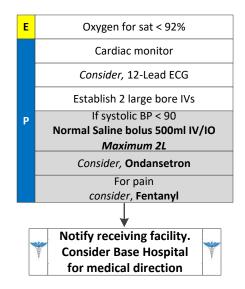
- Age
- · Past medical history
- Renal disease
- Medications (pepto bismol, NSAID, ASA, warfarin, lovenox, etc.)
- Number of episodes
- Alcohol use/abuse
- Weight loss

Signs and Symptoms

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

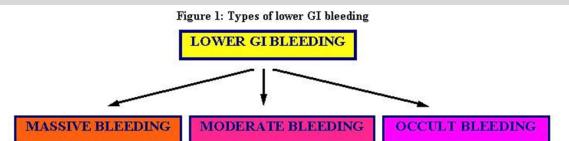
Differential

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



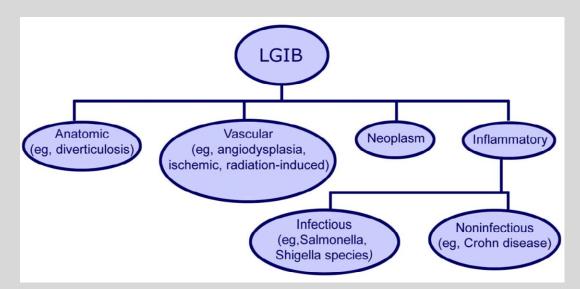
Lower GI Bleeding

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



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

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



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.

