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:
- 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
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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.