



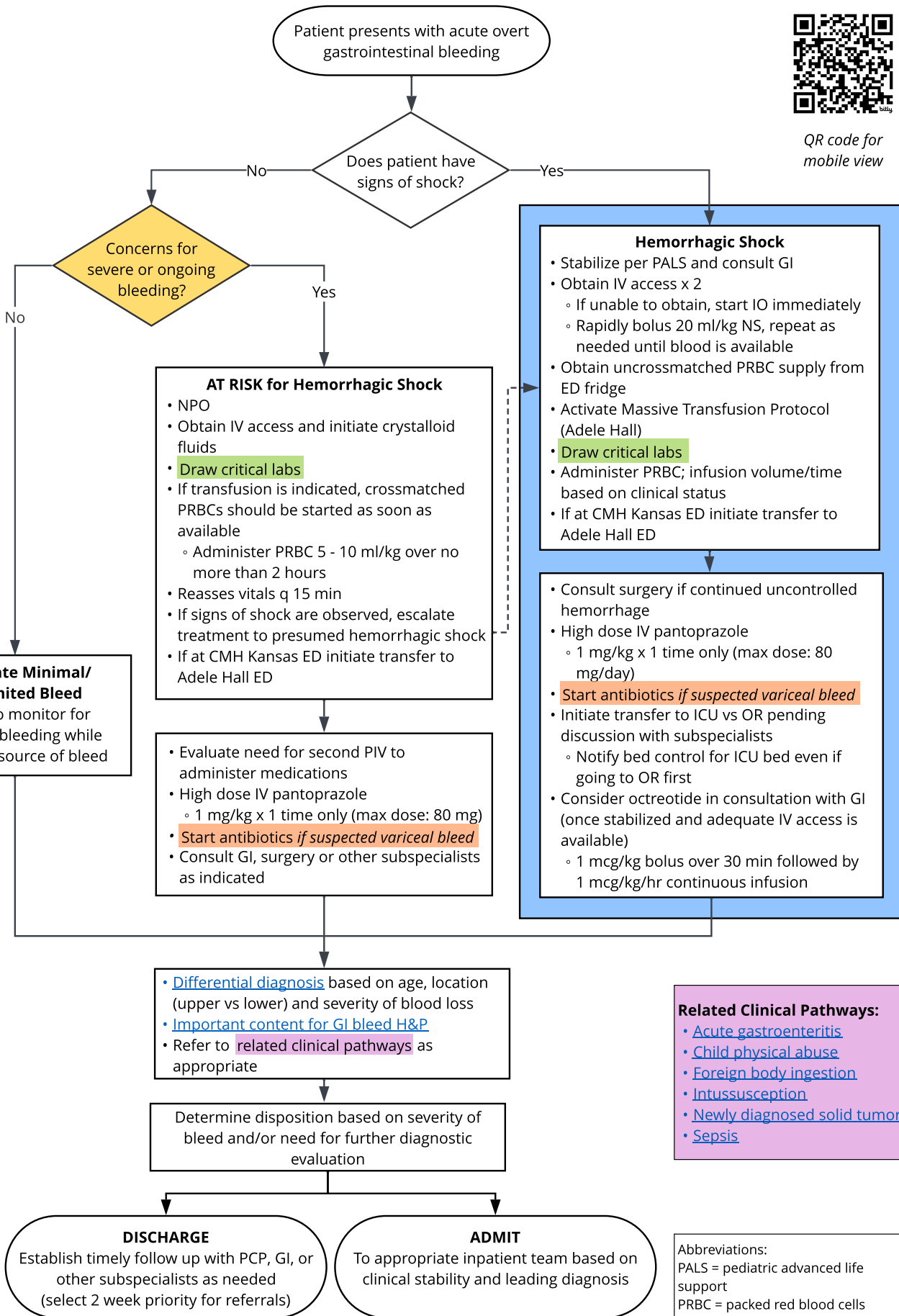
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- Inclusion criteria:**
- Recent onset (< 6 weeks) of visible GI bleeding
- AND**
- Melena, hematochezia, or hematemesis
- Exclusion criteria:**
- Occult bleeding
 - Patients outside CMH Kansas or Adele Hall ED

- Concerns for severe or ongoing bleeding:**
- Vitals suggestive of hypovolemia
 - Hgb \leq 7 g/dL
 - Transfused 40 ml/kg in past 2 hours
 - Anticipated need to transfuse 40 ml/kg in the next 24 hours
 - Complex chronic conditions including technology dependence
 - History of variceal bleeding**
 - Concerning amount of observed blood loss

- Critical labs:**
- i-STAT Hgb
 - CBC
 - BMP
 - Hepatic function panel
 - aPTT, PT/INR
 - Fibrinogen
 - Type and crossmatched
 - Blood culture *if suspected variceal bleed*

- Empiric Antibiotics for Suspected Variceal Bleed:**
- Piperacillin/tazobactam 100 mg/kg (piperacillin content) IV x 1 time only **OR**
 - Cefepime 50 mg/kg IV plus metronidazole 10 mg/kg IV x 1 time only



DISCHARGE
Establish timely follow up with PCP, GI, or other subspecialists as needed (select 2 week priority for referrals)

ADMIT
To appropriate inpatient team based on clinical stability and leading diagnosis

- Hemorrhagic Shock**
- Stabilize per PALS and consult GI
 - Obtain IV access x 2
 - If unable to obtain, start IO immediately
 - Rapidly bolus 20 ml/kg NS, repeat as needed until blood is available
 - Obtain uncrossmatched PRBC supply from ED fridge
 - Activate Massive Transfusion Protocol (Adele Hall)
 - Draw critical labs
 - Administer PRBC; infusion volume/time based on clinical status
 - If at CMH Kansas ED initiate transfer to Adele Hall ED

- Consult surgery if continued uncontrolled hemorrhage
- High dose IV pantoprazole
 - 1 mg/kg x 1 time only (max dose: 80 mg/day)
- Start antibiotics *if suspected variceal bleed*
- Initiate transfer to ICU vs OR pending discussion with subspecialists
 - Notify bed control for ICU bed even if going to OR first
- Consider octreotide in consultation with GI (once stabilized and adequate IV access is available)
 - 1 mcg/kg bolus over 30 min followed by 1 mcg/kg/hr continuous infusion

- Related Clinical Pathways:**
- [Acute gastroenteritis](#)
 - [Child physical abuse](#)
 - [Foreign body ingestion](#)
 - [Intussusception](#)
 - [Newly diagnosed solid tumor](#)
 - [Sepsis](#)

Abbreviations:
PALS = pediatric advanced life support
PRBC = packed red blood cells