

Gastrointestinal Bleeding

Table 3.56 – ASSESSMENT and MANAGEMENT of:

Gastrointestinal Bleeding	
ASSESSMENT	MANAGEMENT
● Assess ABCD	<ul style="list-style-type: none"> If any of the following TIME CRITICAL features are present: <ul style="list-style-type: none"> major ABCD problems haematemesis – large volume of bright red blood haemodynamic compromise decreased level of consciousness. Start correcting A and B problems Undertake a TIME CRITICAL transfer to nearest receiving hospital. Provide an alert/information call. Continue patient management en-route.
● Assess blood loss	<p>Where does the bleeding originate – upper or lower GI tract?</p> <ul style="list-style-type: none"> Haematemesis – vomited fresh/dark red/brown/black or ‘coffee ground’ blood (depending on how long it has been in the stomach). Did this occur after an increase in intra-abdominal pressure e.g. retching or coughing. Ascertain how many episodes of non-bloody emesis. Melaena – malodorous, liquid, black stool or bright red/dark blood with clots per rectum (PR). It can be difficult to estimate blood loss when mixed with faeces. Estimate blood loss – if not visible ask the patient or relatives/carers to estimate colour/volume – PR blood loss is difficult to estimate. (NB The blood acts as a laxative, but repeated blood-liquid stool, or just blood, is associated with more severe blood loss than maroon/black solid stool.) Has the patient suffered unexplained syncope – this may indicate concealed GI bleeding. Ensure PV bleeding is excluded in females.
● History	<ul style="list-style-type: none"> When did the bleeding begin? Is/has the patient: <ul style="list-style-type: none"> currently taking or recently taken aspirin or NSAID? currently taking iron tablets? consumed food or drink containing red dye(s)? currently taking beta blockers or calcium-channel blockers – may mask tachycardia in the shocked patient? currently taking or recently taken anticoagulatory or antiplatelet therapy? Is there a history of: <ul style="list-style-type: none"> bleeding disorders? liver disease? abdominal surgery in particular abdominal aortic surgery? alcohol abuse? syncope?
● Oxygen	<ul style="list-style-type: none"> Administer supplemental oxygen if the patient is hypoxaemic ($\text{SpO}_2 < 94\%$).
● Vital signs	<ul style="list-style-type: none"> Monitor vital signs. Monitor ECG.
● IV access	<ul style="list-style-type: none"> Obtain if analgesia or fluid therapy are indicated.
● Pain management	<ul style="list-style-type: none"> GI bleeding is not generally associated with pain. If pain relief is indicated refer to pain management guidelines.
● Fluid	<ul style="list-style-type: none"> If fluid resuscitation indicated (refer to intravascular fluid therapy guideline).
● Transfer to further care	<ul style="list-style-type: none"> Continue patient management en-route. Provide an alert/information call.