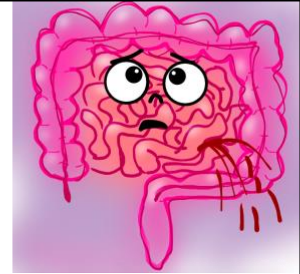
RUN THE LIST



Lower GI Bleed

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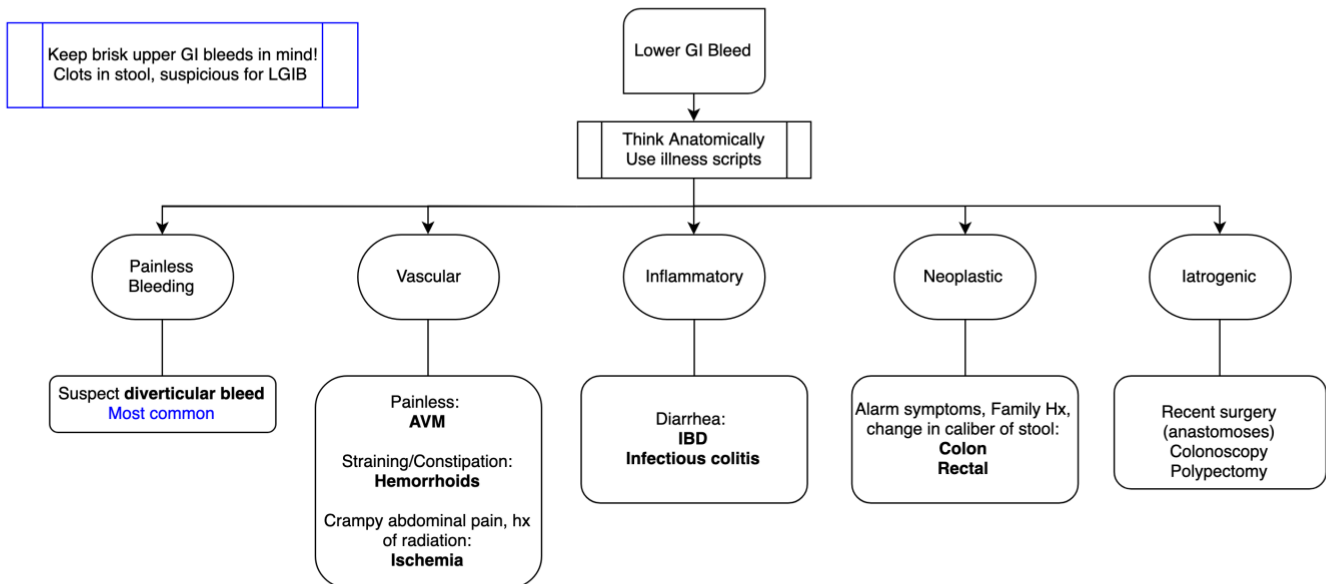

1. **Initial Steps:**
   - Is the patient hemodynamically stable? vital signs, triage
   - Resuscitation: 2 large bore peripheral IVs, IV fluids
   - Medications to consider holding:
     - aspirin, anti-platelets, anti-coagulants
     - Consider need for reversing anticoagulation

2. **Management**
   - Proton pump inhibitor, IV BID if brisk hematochezia with hemodynamic instability → suspect upper source (15% of cases!)
   - Transfusion threshold same as UGIB, Hg < 7 (extrapolated from UGIB literature)
   - Diagnostic Studies:
     - **Gold standard = Colonoscopy**, pt needs to be <u>hemodynamically stable</u>, within 24 hours. Bowl prep very important! Both diagnostic and therapeutic:
       - Argon plasma coagulation therapy: radiation proctitis, AVM
       - Clip/Cautery: diverticular, post-polypectomy
     - Video capsule endoscopy: to diagnose small bowel bleeding sources
     - Push/balloon enteroscopy: to diagnose and treat small bowel bleeding sources
     - Localizing scans (all require active bleeding): may use if patient is hemodynamically stable but rebleeding after negative EGD/colonoscopy, or if patient is hemodynamically unstable and thus prepping for a colonoscopy is not an option
       - CT-angiogram (need to give contrast)
       - Tagged RBC scans (localized to general areas and thus not as specific)
       - IR angiography. No prep needed, can intervene, but risk of ischemic complications. **If unstable → go straight to IR for potential embolization**