Non-Variceal Upper GI Bleed

Handout compiled by Moses Murdock (@haematognomist)
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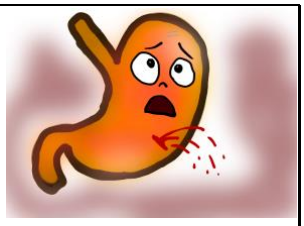

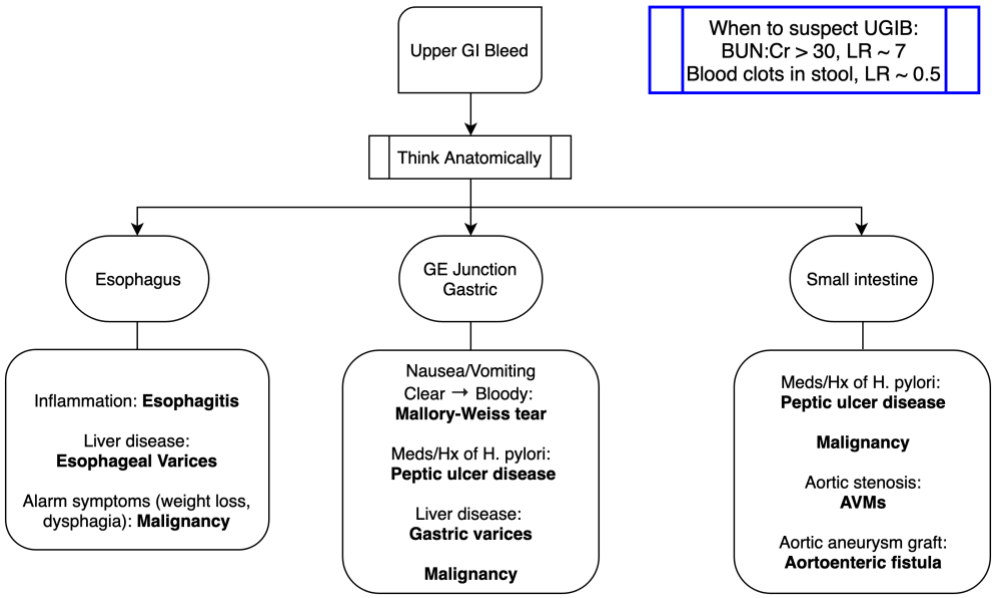

1. **Initial Steps:**
   - Is the Patient Stable? → triage
     - Vital signs (blood pressure, heart rate)
       - Tachycardic at rest: <15% blood volume loss
       - + Orthostatic = systolic ↓ by 20 mmHg or diastolic ↓ 10 mmHg upon standing: > 15% blood volume loss
       - Hypotension at rest: > 40% blood volume loss
   - Resuscitation
   - Medications to consider holding:
     - aspirin, anti-platelets, anti-coagulants
     - Consider need for reversing anticoagulation

2. **Management**
   - **Resuscitation!**
     - Access: 2 large-bore peripheral IV → Fluids
     - Transfusion threshold: **Hg < 7** g/dL better than Hg < 9 g/dL. Except: *exsanguination*, *known cardiovascular* or *cerebrovascular* disease. Why?
       - Dilution of clotting factors
       - Worsen portal hypertension
       - Want to keep splanchnic vasoconstriction!
   - **Proton pump inhibitor, IV BID**: want a gastric pH > 6 to facilitate clot formation
   - **Erythromycin**: promotes gastric emptying via motilin-like properties → good endoscopic views (administer 30-60 minutes prior to EGD; can use metoclopramide as alternative)
   - **Endoscopy:**
     - Variceal: within 12 hours
     - Non-Variceal: within 24 hours, too soon (3-4h) can be bad (NVUGIB needs to be well resuscitated and medically managed!)