

STANDARD TREATMENT WORKFLOW (STW)

Acute Gastrointestinal Bleed in Adults – Part A

Usha Dutta¹, Vineet Ahuja², Ashwini Setya³, Brij Sharma⁴, CE Eapen⁵, Jimil Shah⁶, Kaushal Madan⁷, Madhumita Premkumar⁸, Peush Sahni⁹, Pratap Mouli¹⁰

¹Post Graduate Institute of Medical Education and Research, Chandigarh; ²All India Institute of Medical Science, New Delhi; ³Max Hospital, Delhi; ⁴Indira Gandhi Medical College and Hospital, Shimla; ⁵Christian Medical College Vellore; ⁶Post Graduate Institute of Medical Education and Research, Chandigarh; ⁷Max Hospital, Delhi; ⁸Post Graduate Institute of Medical Education and Research, Chandigarh; ⁹All India Institute of Medical Science, New Delhi; ¹⁰Guntur Medical College, Guntur

CORRESPONDING AUTHOR

Dr. Usha Dutta, Department of Gastroenterology, Post Graduate Institute of Medical Education and Research, Chandigarh.

Email: ushadutta@gmail.com

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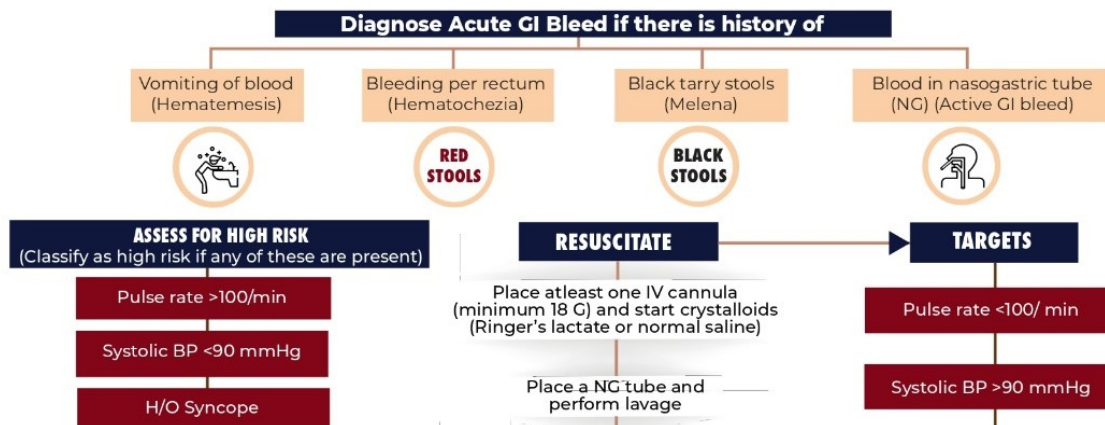


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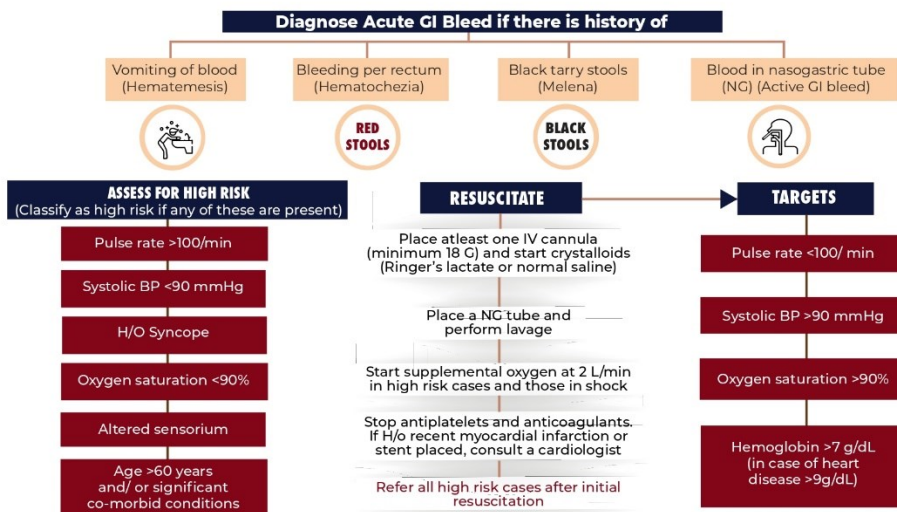
Standard Treatment Workflow (STW)

ACUTE GASTROINTESTINAL BLEED IN ADULTS - PART A

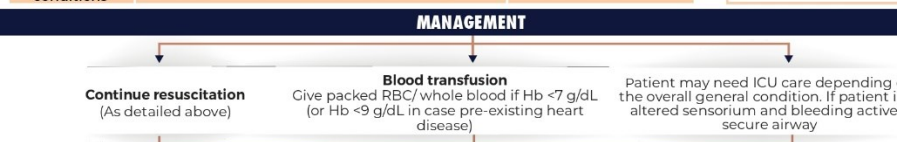
ICD-10-K92.2



Standard Treatment Workflow (STW)
ACUTE GASTROINTESTINAL BLEED IN ADULTS - PART A
ICD-10-K92.2



Assess for	CLINICAL EVALUATION		INVESTIGATIONS
	History and examination	Points towards	
Site of bleed	Hematemesis/ blood in NG tube/ melena	Upper GI bleed	Hemoglobin, platelets, TLC, PTL, INR
	Fresh blood per rectum/ maroon stools	Lower/Upper GI bleed	
Etiology	H/o - alcohol intake/ jaundice/ blood transfusion O/E - jaundice/ ascites/ splenomegaly	Variceal bleed	Blood grouping and cross matching to arrange blood
	H/o epigastric pain/ NSAID intake/ antiplatelets	Ulcer bleed	
	If lower GI Bleed: H/o fever/ diarrhea	Infective causes (eg: Typhoid)	
	H/o bleeding per rectum with concomitant yellow stools	Hemorrhoids/ rectal lesion	
Rate of blood loss	Large volume hematemesis/ fresh blood/ frequent melena/ postural giddiness/ breathlessness/ hypotension	Rapid blood loss	Desirable Tests: Prothrombin time/ INR, liver function tests, blood urea and creatinine, HBSAg, Anti HCV ultrasound abdomen
Precipitants	Aspirin/ NSAIDs/ antiplatelets/ anticoagulants	Stop all precipitants	
Co-morbid conditions	Cardiovascular disease/ renal disease/ malignancy	Assess functional status	



PHARMACOTHERAPY		
Diagnosis	Class of drugs	Administration regimen
All patients	PPIs	Inj. Pantoprazole or Esomeprazole 80 mg I.V. stat, followed by 40 mg 12 hourly; if I.V. not available, give oral Pantoprazole/ Esomeprazole. Stop if variceal bleed is documented
Suspected variceal bleed	Vasoconstrictors	Inj Terlipressin* 2 mg I.V. stat, followed by Terlipressin 1 mg 6 hourly X 3-5 days OR Inj. Somatostatin 250 µg I.V. stat, followed by 250 µg/ hr infusion X 3-5 days OR Inj. Octreotide 50 µg stat I.V. followed by 50 µg/ hr infusion X 3-5 days
		* Avoid Terlipressin in patients with suspected heart disease or peripheral vascular disease. if patient is on Terlipressin examine for signs of peripheral/ cardiac ischemia regularly
	Antibiotics	Inj Ceftriaxone I.V. 1 g 12 hourly x 3-5 days OR Inj Cefotaxime I.V. 1 g 8 hourly X 3-5 days
Lower GI bleed with fever	Antibiotics	Inj Ceftriaxone 2g I.V. 12 hourly AND Inj Metronidazole 500 mg I.V. 8 hourly } X 5 days

All cases of acute GI Bleed must undergo endoscopy within 24 hours of initial stabilisation. Patients with active ongoing bleed may require an earlier endoscopy. Appropriate informed consent to be taken prior to endoscopy.

REFER TO PART B OF TREATMENT WORKFLOW FOR ENDOSCOPIC THERAPY AND/ OR SURGERY

ABBREVIATIONS

HCV: Hepatitis C virus	NSAID: Nonsteroidal anti-inflammatory drugs	RBC: Red blood cell
INR: International normalized ratio	PPIs: Proton pump inhibitors	TLC: Total leukocyte count
NG: Nasogastric	PTL: Platelet count	

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: stw.icmr.org.in for more information. ©Department of Health Research, Ministry of Health & Family Welfare, Government of India.