

Gastrointestinal Bleed

SESLHDPR/405

Aim:

- Early identification and treatment of life threatening causes of gastrointestinal bleeding, escalation of care for patients at risk.
- Early initiation of treatment / clinical care and symptom management within benchmark time.

Assessment Criteria: On assessment the patient should have one or more of the following signs / symptoms:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Haematemesis | <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Melena | <input type="checkbox"/> Nausea | <input type="checkbox"/> Lightheadedness |

Escalation Criteria: Immediate life -threatening presentations that require escalation and referral to a Senior Medical Officer (SMO):

- | | | |
|--|--|---|
| <input type="checkbox"/> Altered mental status | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Orthostatic hypotension |
| <input type="checkbox"/> Suspected aspiration | <input type="checkbox"/> Hypovolemic shock | <input type="checkbox"/> Respiratory failure |
| <input type="checkbox"/> Elderly > 65 years | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Trauma Call Criteria* |

Primary Survey:

- | | |
|---|---|
| • Airway: patency | • Breathing: resp rate, accessory muscle use, air entry, SpO ₂ . |
| • Circulation: perfusion, BP, heart rate, temperature | • Disability: GCS, pupils, limb strength |

Notify CNUM and SMO if any of the following red flags is identified from Primary Survey and Between the Flags criteria ¹

- | | | |
|---|---|--|
| <input type="checkbox"/> Airway – at risk | <input type="checkbox"/> Breathing – respiratory distress | <input type="checkbox"/> Circulation – shock / altered perfusion |
| • <i>Partial / full obstruction</i> | • <i>RR < 5 or >30 /min</i> | • <i>HR < 40bpm or > 140bpm</i> |
| | • <i>SpO₂ < 90%</i> | • <i>BP < 90mmHg or > 200 mmHg</i> |
| <input type="checkbox"/> Disability – decreased LOC | <input type="checkbox"/> Exposure | • <i>Postural drop > 20mmHg</i> |
| • <i>GCS ≤ 14 or a fall in GCS by 2 points</i> | • <i>Temperature <35.5°C or >38.5°C</i> | • <i>Capillary return > 2 sec</i> |
| | • <i>BGL < 3mmol/L or > 20mmol/L</i> | |

History:²⁻³

- Presenting complaint
- Allergies
- Medications: and any recent change to medications.
 - Is the patient currently taking anti-inflammatory medication, or aspirin?
 - Are they on anticoagulant medications?
 - Are they taking iron with can turn stool black?
- Past medical past surgical history relevant: Alcohol intake; liver disease; abdominal aortic aneurysm; angiodysplasia; diverticulosis; GORD; hemorrhoids; peptic ulcer disease; varices or portal hypertension.
- Last ate / drank & last menstrual period (LMP)
- Events and environment leading to presentation: duration of onset
- Pain Assessment / Score: **PQRST** (Palliating/ provoking factors, Quality, Region/radiation, Severity, Time onset)
- Associated signs / symptoms: history, frequency and quality of vomiting

System Assessment:²⁻³

- *Inspection:* Skin colour, bruising and distension; vomiting / melena (e.g. bright red or coffee ground granules) and amount; pulsating masses; scars indicating previous operations
- *Auscultation:* Bowel sounds - absent or hyperactive
- *Percussion:* Tympani over all filled organs; dullness over fluid fill organs and bone
- *Palpation:* Pain on light palpation or deep palpation of the abdomen; radial pulses: strong or weak; central capillary refill time; abdominal masses.

Notify CNUM and Senior Medical Officer (SMO) if any of following red flags is identified from History or Systems Assessment.

- | | | |
|---|---|--|
| <input type="checkbox"/> Rebound / localised tenderness | <input type="checkbox"/> Renal disease or heart failure | <input type="checkbox"/> Blood transfusion refusal |
| <input type="checkbox"/> Involuntary guarding | <input type="checkbox"/> Pulsating abdominal mass | <input type="checkbox"/> Capillary refill >3 seconds |
| <input type="checkbox"/> Absent bowel sounds | <input type="checkbox"/> Hypotension | <input type="checkbox"/> Tachycardia / Bradycardia |

Investigations / Diagnostics:

Bedside:

- BGL: If < 3 or > 20mmol/L notify SMO
- ECG: look for Arrhythmia, AMI
- Postural Blood Pressure
- Urinalysis / MSU (if urinary symptoms)

Laboratory / Radiology:

- **Pathology:** Refer to local nurse initiated **STOP** FBC, UEC, COAGS
Group and Hold (if bleeding suspected)
Blood Cultures (if Temp < 35 or >38.5°C)
- **Radiology:** Discuss with SMO

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Nursing Interventions / Management Plan:

Resuscitation / Stabilisation:

- Oxygen therapy & cardiac monitor
- IV Cannulation (consider large bore i.e. 16-18gauge)
- IV Fluids: Sodium Chloride 0.9% 1 litre stat (*discuss with SMO*)
- Packed red blood cells (PRBC) (*discuss with SMO*)
- Activation of MTP (Mass Transfusion Protocol) should be considered in consultation with SMO if persistent bleeding.

Symptomatic Treatment:

- **Antiemetic:** as per district standing order
- **Analgesia:** as per district standing order
- **IV Fluids:** as per district standing order
- **Proton pump inhibitors:** (*discuss with SMO*)
- **Fresh Frozen Plasma, Vitamin K or prothrombinex:** (*discuss with SMO*)

Supportive Treatment:

- Nil By Mouth (NBM)
- Monitor vital signs as clinically indicated (BP, HR, RR, T, SpO₂)
- Monitor neurological status GCS as clinically indicated
- Monitor pain assessment / score
- Good oral hygiene
- Fluid Balance Chart (FBC)
- Consider nasogastric tube and indwelling catheter.
- Faecal occult testing
- Faecal culture
- Stool Chart

Practice Tips / Hints:

- **Always** have adequate suction available
- Upper GI bleeding is more common in males and lower GI Bleeding in females.
- Oxygen saturation readings become unreliable in patients with significant blood loss.

Further Reading / References:

1. Recognition and management of patients who are deteriorating (PD2020_015). Available from https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_018.pdf
2. Varndell & Fitzpatrick (2019) Gastrointestinal Emergencies *In* Emergency and Trauma Care for Nurses and Paramedics, Curtis, C; Ramsden, C et al. Elsevier: Sydney
3. Strate, L. (2021) Approach to acute lower gastrointestinal bleeding in adults. UpToDate, accessed April 2021, <https://www.uptodate.com/contents/approach-to-acute-lower-gastrointestinal-bleeding-in-adults>

Acknowledgements: *SESLHD Adult Emergency Nurse Protocols were developed & adapted with permission from:*

- Murphy, M (2007) Emergency Department Toolkits. Westmead Hospital, SWAHS
- Hodge, A (2011) Emergency Department, Clinical Pathways. Prince of Wales Hospital SESLHD.

Revision & Approval History

Date	Revision No.	Author and Approval
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February 2018	4	Revised by- Benjamin Crook A/clinical Nurse Educator, Emergency Sutherland Hospital.
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April 2021	5	Wayne Varndell, Clinical Nurse Consultant, Prince of Wales Hospital Emergency Department
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