Name of Policy:	Patient with Massive GI Bleed Presenting to ED	THE UNIVERSITY OF TOLEDO MEDICAL CENTER	
<b>Policy Number:</b>	3364-100-55-09	MEDICAL CENTER	
Department:			
Approving Officer:	Chief Executive Officer, UTMC Chief of Staff	Effective Date: 05/01/2021	
Responsible Agent:	Chair, Department of Emergency Medicine		
Scope:	The University of Toledo Medical Center and its Other Healthcare Components	Initial Effective Date: May 15, 2017	
New policy proposal Major revision of existing policy X Reaffirmation of existing policy			

## (A) Policy Statement

# (B) Purpose of Policy

Protocol for patients presenting to the ED with active GI bleeding and blood pressure  $\leq 90/60$ .

### (C) Procedure

- 1. Activation
  - a. ED attending physician activates this protocol
  - b. ED attending physician notifies blood bank of initiation of massive transfusion protocol
  - c. Pager blast goes to:
    - i. Senior surgery resident to assume lead of resuscitation
    - ii. Anesthesiology (back-up for intubation)
    - iii. GI on-call (alert for potential need to scope after resuscitation, NOT within the first 2 hours)
    - iv. Vascular surgery on call (alert for potential need to manage bleeding esophageal varices)
    - v. House supervisor (locate ICU bed)
  - c. ED physician to discuss with GI on-call regarding potential need for Blakemore tube (generally if there are known esophageal varices)
  - d. ED attending physician retains responsibility for the patient until surgery resident arrives

#### 2. Resuscitation

- a. Senor surgery resident to take over lead upon arrival
- b. Establish large bore iv access
- c. Start PPI drip

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- d. Start ocreotide if patient has evidence of liver cirrhosis
- e. Intubate
- f. Administer blood products per massive transfusion protocol
- g. Administer 3rd generation/cephalosporin or levofloxicin
- 3. Transfer to SICU or OR as indicated by patient condition

#### Notes:

- 1. Education needed regarding the role of endoscopy->
  - a. Generally cannot scope within 2 hours of GI Bleed (increased mortality risk)
  - b. Unable to scope if SBP less than 90
- 2. Surgery residents need simulation training for Blakemore Tube insertion 2X year
- 3. Recommend Massive GI Bleed Cart/kit to be kept in SICU (resident to bring to ED if indicated
  - a. Equipment suggestions to be finalized at later date per CMO and GI [Blakemore tube; Tume syringes; suction tips
  - b. Simplified instruction card in cart

Approved by:		Review/Revision Date:
_/s/	05/13/2021	6/1/2017 4/1/2020 5/1/2021
Richard Swaine	Date	
Chief Executive Officer, UTMC		
/s/ Andrew Casabianca, MD, DMD Chief of Staff	05/18/2021 Date	
Review/Revision Completed By: HAS Chief of Staff		Next Review Date: 5/1/2024
		3/1/2027
Policies Superseded by This Policy: None	2	