

Seeing Red GI Bleeding in the OU

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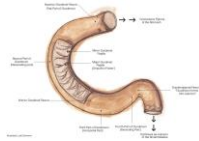


Background

UGIB or LGIB? Ligament of Trietz

Common DX:

- UGIB: 48-160/100K ppl/yr
- LGIB: 20/100K ppl/yr



Causes

UGIB

- PUD
- Erosive Disease
- Varices
- Esophagitis
- MW Tear

LGIB

- Diverticular
- Hemorrhoids
- Polyps
- Colorectal Ca
- Ischemia
- Angiodysplasia
- Colitis



Clinical Pearls

UGIB: Black Stool/Melena, **BUN:Cr>30**

LGIB: Clots, Hx LGIB, **Bun:Cr<30**



Low Risk: Send Home?

Glasgow Blatchford Score (GBS)

- 2000
- Correlates with Mortality, Need for TXF, risk of re-bleeding, need for urgent EGD
- Low Score 99% did not need urgent rx
- Validated by Stanley 2009: Score 0 = No need for intervention on follow up

Clinical Rockall Score (CRS)

- 1996
- Identifies 15% of all cases and 26% of post endoscopy cases who are at low risk of re-bleeding and could potentially be sent home or outpatient treatment

GBS and CRS compared by Chandra 2009

- 5% defined as low risk had re-bleeding with 90days

UGIB Clinical Risk Scores Glasgow-Blatchford, Clinical Rockall

LOW RISK GBS

BUN <18.2mg/dL
HB Male: >13, Female >12
SBP >109
HR <100
No Syncope, Melena, Liver Disease, Heart Failure

LOW RISK CRS

Age <60
SBP => 100
HR <100
No: HF, CAD, RF, LF, Malignancy, "other major comorbidity"

Further Understanding

Cebollero-Santamaria 1999

- >65, Hematemesis or melena 7 days or HCT drop <5% with Orthostasis, low BP
- If Orthostatic, Give 1L NSS, recheck Orthos
 - If Still Positive -> ICU
 - If Neg: EGD
 - "Low Risk" EGD and < 3 Minor Criteria: Home
 - "Low Risk" EGD and 1 Major or 3 Minor: 23hrs stay
 - "Mod Risk" EGD 23hrs stay
 - "High Risk" EGD ICU
- Major: Cardiac, Respiratory, Cirrhosis, Coagulopathy, Social, TXF, CVA
- Minor: Mild Cardiac, COPD, >75yrs, Compensated LD, CRF/HD, INR<1.5, Remote CVA, Poor Nutrition

Further Understanding

Cebollero-Santamaria 1999 Outcomes:

- 29% Treated as OP = No re-bleeding
- 25% required ICU
- 46% 23hrs: 7% of these re-bleed

Small numbers, no validation

2009 Cooper: Medicare Patients treated as an Out Patient had a **6.3%** 30-day Mortality Rate
 - Suggests a role for Observation Units

Case #1 Old Melena

HX: 76F DVT/IVCF/Xeralto, HTN, HL, LungCa resected

PC: 1 week melena

Gradually darkening stools

Light headed, worse with standing

Anorexia

Office visit: DRE Heme Pos ->ED

ED W/U: HR72, BP134/68 Not Orthostatic, RR16, HB:12.9/BUN:20

GBS: Low Risk

- BUN <18.2mg/dL
- HB Male: >13, Female >12
- SBP >109
- HR <100
- No Syncope, Melena, Liver Disease, Heart Failure

CRS: Low Risk

- Age <60
- SBP => 100
- HR <100
- No: HF, CAD, RF, LF, Malignancy, "other major comorbidity"

Case #2 Young Melena

HX: 21F, 1DAVB

PC: Melena

Recent Menstrual Cramps, took Motrin/Aleve, Binge Drank last night

N/V before bed, awoke unwell 2 black tarry BMs

ED: HR 122, BP146/82, RR18, DRE Guaiac pos, HB:10/BUN:30

GBS: Low Risk

- BUN <18.2mg/dL
- HB Male: >13, Female >12
- SBP >109
- HR <100
- No Syncope, Melena, Liver Disease, Heart Failure

CRS: Low Risk

- Age <60
- SBP => 100
- HR <100
- No: HF, CAD, RF, LF, Malignancy, "other major comorbidity"

Case #3 Old BRBPR

HX: 84F, ESRD/HD, DM2, PAF/Eliquis, COPD 2L, Previous GIB (AVM), Dementia

PC: BRBPR

- DC'd 2 days prior for Same transfused 2 Units, stopped Eliquis, no aggressive rx
- Care facility noted BM with Blood Mixed in x 1

ED: HR92, BP112/49 Orthostatic Yes, RR18, HB:9/BUN:40, DRE Frank Blood

GBS: Low Risk

- BUN <18.2mg/dL
- HB Male: >13, Female >12
- SBP >109
- HR <100
- No Syncope, Melena, Liver Disease, Heart Failure

CRS: Low Risk

- Age <60
- SBP => 100
- HR <100
- No: HF, CAD, RF, LF, Malignancy, "other major comorbidity"

Suggested Approach to Obs

INCLUSION

- Suspected GIB
- Low Risk Score
 - GBS 0 (higher if support)
- Not Orthostatic after 1 Liter

EXCLUSION

- Hemodynamic Instability
- Persistent Orthostasis
- Evidence of Active Bleeding in ED
 - Recurrent Hematemesis, BRBPR
- Coagulopathy

Apply Approach to Cases



Case Outcomes

Case #1 Old Melena

- HH: Stable
- EGD: neg, Colo: no Bleeding, 6 polyps removed, Tics found
- LOS: 2 days

Case #2 Young Melena

- HH: No further drop
- EGD: Body erythematous, Bx done
- LOS: 1 day

Case #3 Old BRBPR

- HH: Drop to 7.5, TXF 2 Units
- Colo: Limited clotted blood, EGD: No source
- LOS: 7+ days

Observation Unit Management: Treat

2 Large Bore I.V.s

Serial Assessments

- Vital Signs, Physical Examinations, Laboratory Testing

NPO Status

Proton Pump Inhibitors: Reduce serious findings and need for endoscopic rx, but don't improve re-bleeding, need of surgery, or risk of death

EGD: <24hrs has been shown to reduce mortality in Higher Risk Patients

Colonoscopy: May require prep. Consider need of Tc99RBC Scans or Angiography or even Emergency Surgery!

Observation Unit Management: Home

Clinical Stability:

- Stable Vital Signs
- No recurrent bleeding. Stable stool frequency
- HB: Stable
- Endoscopy Stable

Educate! STOP MOTRIN!



Sources

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