Name of Policy: Patient with Massive GI Bleed Presenting to ED **Policy Number**: 3364-100-55-09 **Approving Officer**: Chief Executive Officer, Chief of Staff **Responsible Agent**: Medical Director, Emergency Department **Scope**: University of Toledo Medical Center and its other Healthcare Components	UTOLEDO HEALTH **Effective date:** **Original effective date**: 5/15/2017
Key words: Massive, GI Bleed, Emergency Department, Protocol, ED Physicians	

☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy Statement

All patients presenting to The University of Toledo Medical Center (UTMC) with active GI bleeding and blood pressure ≤ 90/60 will be assessed by the Emergency Department (ED) physician per protocol.

(B) Purpose of Policy

Protocol for patients presenting to the ED with active GI bleeding and blood pressure ≤ 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. Acute Care Surgeon on-call 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 Acute Care Surgeon arrives

2. Resuscitation
    a. Acute Care Surgeon to take over lead upon arrival
    b. Establish large bore iv access
    c. Start proton pump inhibitor infusion
    d. Start octreotide infusion if patient has evidence of liver cirrhosis
    e. If applicable, consider oral anticoagulant reversal per medication-specific protocol
    f. Intubate
    g. Administer blood products per massive transfusion protocol
    h. Administer 3rd generation /cephalosporin (preferred) or levofloxacin (alternative if allergy prohibits cephalosporin)

3. Transfer to SICU or OR as indicated by patient condition

Approved by: _____ Daniel Barbee Chief Executive Officer _____ Date _____ Puneet Sindhwani, MD Chief of Staff _____ Date *Review/Revision Completed by: Medical Director, Emergency Department, Pharmacy, Department of Surgery*	**Policies Superseded by This Policy:** • *None* Initial effective date: 5/5/2017 Review/Revision Date: 6/1/2017 4/1/2020 5/1/2021 Next review date: