

<p>Name of Policy: <u>Patient with Massive GI Bleed Presenting to ED</u></p> <p>Policy Number: 3364-100-55-09</p> <p>Department:</p> <p>Approving Officer: Chief Executive Officer, UTMC Chief of Staff</p> <p>Responsible Agent: Chair, Department of Emergency Medicine</p> <p>Scope: The University of Toledo Medical Center and its Other Healthcare Components</p>	<div style="text-align: center;">  </div> <p>Effective Date: 05/01/2021</p> <p>Initial Effective Date: May 15, 2017</p>
<p> <input type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy </p>	

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

