Associated Power Plans: EDP GI Bleeding, GI Bleed, PICU GI Bleed

Children's Mercy

Inclusion criteria:

• Recent onset (< 6 weeks) of visible GI bleeding

AND

· Melena, hematochezia, or hematemesis

Exclusion criteria:

- · Occult bleeding
- Patients outside CMH Kansas or Adele Hall ED

Concerns for severe or ongoing bleeding:

- · Vitals suggestive of hypovolemia
- Hgb < 7 g/dL
- Transfused 40 ml/kg in past 2 hours
- · Anticipated need to transfuse 40 ml/kg in the next 24 hours
- Complex chronic conditions including technology dependence
- · History of variceal bleeding
- · Concerning amount of observed blood loss

gastrointestinal bleeding

Ves

AT RISK for Hemorrhagic Shock

· Obtain IV access and initiate crystalloid

• If transfusion is indicated, crossmatched

• Administer PRBC 5 - 10 ml/kg over no

• If signs of shock are observed, escalate

PRBCs should be started as soon as

Patient presents with acute overt

Does patient have

signs of shock?



OR code for mobile view

Hemorrhagic Shock

- Stabilize per PALS and consult GI
- Obtain IV access x 2
 - If unable to obtain, start IO immediately
 - Rapidly bolus 20 ml/kg NS, repeat as needed until blood is available
- Obtain uncrossmatched PRBC supply from ED fridge
- Activate Massive Transfusion Protocol (Adele Hall)
- Draw critical labs
- · Administer PRBC; infusion volume/time based on clinical status
- If at CMH Kansas ED initiate transfer to Adele Hall ED

Anticipate Minimal/ **Self-limited Bleed**

No

Continue to monitor for

treatment to presumed hemorrhagic shock • If at CMH Kansas ED initiate transfer to

Concerns for

severe or ongoing

bleeding?

NPO

Draw critical labs

available

Adele Hall ED

- worsening bleeding while evaluating source of bleed
- Evaluate need for second PIV to
- administer medications · High dose IV pantoprazole

more than 2 hours

• Reasses vitals q 15 min

- ∘ 1 mg/kg x 1 time only (max dose: 80 mg)
- Start antibiotics if suspected variceal bleed
- · Consult GI, surgery or other subspecialists as indicated

- Consult surgery if continued uncontrolled hemorrhage
- High dose IV pantoprazole
- ∘ 1 mg/kg x 1 time only (max dose: 80 mg/day)
- Start antibiotics *if suspected variceal bleed*
- · Initiate transfer to ICU vs OR pending discussion with subspecialists
 - Notify bed control for ICU bed even if going to OR first
- · Consider octreotide in consultation with GI (once stabilized and adequate IV access is available)
- 1 mcg/kg bolus over 30 min followed by 1 mcg/kg/hr continuous infusion

Critical labs: • i-STAT Hgb

- CBC
- BMP
- Hepatic function panel
- aPTT, PT/INR
- Fibrinogen
- Type and crossmatched
- Blood culture if suspected variceal bleed

Empiric Antibiotics for Suspected Variceal Bleed:

- Piperacillin/tazobactam 100 mg/kg (piperacillin content) IV x 1 time only **OR**
- Cefepime 50 mg/kg IV plus metronidazole 10 mg/kg IV x 1 time only

• <u>Differential diagnosis</u> based on age, location (upper vs lower) and severity of blood loss

- Important content for GI bleed H&P
- Refer to related clinical pathways as appropriate

Determine disposition based on severity of bleed and/or need for further diagnostic evaluation

DISCHARGE

Establish timely follow up with PCP, GI, or other subspecialists as needed (select 2 week priority for referrals)

ADMIT

To appropriate inpatient team based on clinical stability and leading diagnosis

Related Clinical Pathways:

- Acute gastroenteritis
- Child physical abuse
- Foreign body ingestion
- Intussusception
- Newly diagnosed solid tumor

Abbreviations:

PALS = pediatric advanced life support

PRBC = packed red blood cells

Contact: EvidenceBasedPractice @cmh.edu

Link to synopsis and references

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