Chronicles of PEM Geek

Gastrointestinal Bleeding

Emergency Management of UGI Bleeding

Initial Resuscitation	◦ Cardiorespiratory monitoring, supplemental oxygen. ◦ Assess airway, suction, secure airway if compromised. ◦ 2 large-bore IVs, insert NGT, keep NPO. ◦ Send labs: *CBC, Chemistry, LFT, Coagulation profile, Type & Crossmatch* ◦ Fluid resuscitation: maintain BP, give NS bolus 20 cc/kg IV push, repeat if needed. ◦ Correct anemia, thrombocytopenia & coagulopathy: *Vitamin K*: For ↑ INR *Platelet Transfusion*: For Plt < 50,000 *Packed RBCs Transfusion*: Unstable patient: when Hgb < 10 g/dL; Stable patient: when Hgb < 7 g/dL *FFP*: For active bleeding & shock
Consultation	◦ Pediatric GI team ◦ Pediatric Surgery team
Medical Management	*IV PPI*: Pantoprazole 1 mg/kg load (max 80 mg), then 0.1 mg/kg/hr (max 8 mg/hr) *For ? varices*: Octreotide 1-2 mcg/kg bolus (max 50 mcg), then 1-2 mcg/kg/hr. *+/-*: Antibiotics
Endoscopy	*Indications:* 1. To control hemorrhage 2. Diagnose bleeding site *Contraindications:* 1. INR > 3 2. Hemodynamic instability 3. Perforation 4. Peritonitis

Common Sources of GI Bleeding in Pediatric Patients

AGE GROUP	NEONATES	INAFANTS 1 MONTH TO 1 YEAR	CHILDREN 1-2 YEARS	CHILDREN > 2 YEARS
Upper GI Bleeding	Hemorrhagic disease of the newborn Swallowed maternal blood Stress gastritis Coagulopathy	Esophagitis Gastritis	Peptic Ulcer Disease Gastritis	Esophageal Varices Gastric Varices
Lower GI Bleeding	Anal Fissure NEC Malrotation with Volvulus	Anal Fissure Intussusception Gangrenous Bowel Milk Protein Allergy	Polyps Meckel Diverticulum	Polyps IBD Infectious Diarrhea Vascular Lesions

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Source: Fleisher & Ludwig's Textbook of Pediatric Emergency Medicine 8th Edition
Medscape: Pediatric Gastrointestinal Bleeding