## Variceal Bleed Adult Panel

For patients with a suspected or confirmed variceal bleed.
For stable patients, a hemoglobin threshold of 70 g/L is recommended before initiating Packed Red Blood Cells transfusion; unstable or actively bleeding patients may need transfusion at a higher hemoglobin threshold.
Transjugular intrahepatic portosystemic shunt may be an option in some patients with refractory bleeding-suggest consult liver specialist if considering.

- [ ] Inpatient Consult to Gastroenterology
- [ ] EGD Procedure Order (only intended for use by prescriber who will be performing the procedure).

### Medications

#### Blood Formation, Coagulation and Thrombosis

For an elevated INR
Vitamin K: to treat supra-therapeutic INR (likely helpful only if jaundiced). Use IV only when PO is not feasible. IV administration of vitamin K is associated with hypersensitivity reactions.

- [ ] vitamin K1 (phytonadione) liquid oral
  10 mg, oral, daily, for 3 days
- [ ] vitamin K1 (phytonadione) injection
  10 mg, intravenous, daily, for 3 days
- [ ] Prothrombin Complex Concentrate

#### Pro-Motility and Antibacterial

With GI bleeding, antibiotics decrease mortality, re-bleeding and sepsis. Extend duration beyond 5 days if bacteremic or other active infection. Shorten duration if discharged before 5 days.

The pro-motility properties of erythromycin can be helpful to clear the stomach of residual blood pooling before endoscopy.

- [ ] erythromycin IV
  3 mg/kg/dose, intravenous, once, Infuse over 45 minutes. To be given 30 to 60 minutes pre-endoscopy; coordinate with gastroscopist to ensure appropriate timing; contraindicated with QT prolongation.
- [ ] cefTRIAXone IV
  1 g, intravenous, daily, for 5 days

#### Gastrointestinal Agents

Until endoscopy, use proton-pump inhibitor (PPI) therapy. Intermittent PPI is equivalent to IV PPI infusions for known ulcer bleeds. Suggest PO dosing in stable patients not actively vomiting.

##### _ pantoprazole IV or PO

- ○ pantoprazole IV
  40 mg, intravenous, every 12 hours, scheduled, for 72 hours, for 72 hours post endoscopy
- ○ pantoprazole magnesium tablet enteric-coated
  40 mg, oral, 2 times per day, 30 minutes before breakfast and supper, for 72 hours, for 72 hours post endoscopy

##### octreotide IV

octreotide injection 50 mcg
50 mcg, intravenous, once, today at 1500, For 1 dose

**Followed By**

octreotide 200 mcg in NaCl 0.9% 100 mL (2 mcg/mL) bag
50 mcg/hr (25 mL/hr), intravenous, at 25 mL/hr, continuous, Starting today at 1500
reassess at 72 hours. Recommend 3 to 5 days of therapy.

If hepatic encephalopathy is complicating acute upper gastrointestinal bleeding (UGIB)

- ○ lactulose liquid oral
  15-30 mL, oral, 3 times per day, as needed, hepatic encephalopathy, Titrate for 2 to 3 bowel movements per day is achieved.
- ○ lactulose 667 mg/mL oral liquid for rectal use
  300 mL, rectal, every 6 hours, scheduled, lactulose 300 mL in 700 mL water rectally every 6 hours until clinical improvement. Retain for 30 to 60 minutes (use if intolerant of oral therapy)

Secondary Prophylaxis (Start once hemodynamically stable. DO NOT USE WHILE ON OCTREOTIDE)

- Secondary prophylaxis ideally requires a combination non-selective beta blockers (NSBBs) and band ligation. With refractory ascites AND severe circulatory dysfunction NSBBs are contraindicated until improvement.
- Consider starting at half dose if borderline BP/HR
- Titrate as tolerated (to heart rate 55 to 60 bpm, systolic blood pressure not below 90 mm Hg)

- ○ nadolol tablet (Avoid if renal dysfunction as it is renally cleared)
  40 mg, oral, daily, Avoid if renal dysfunction as it is renally cleared
- ○ propranolol tablet
  20 mg, oral, 2 times per day
- ○ carVEDilol tablet (Avoid if decompensated (ascites). Reduces blood pressure)
  3.125 mg, oral, 2 times per day, with breakfast and supper, Avoid if decompensated (ascites). Reduces blood pressure