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).

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EGD (Esophagogastroduodenoscopy)

What is the patient's sedation requirement? Sedation
Additional equipment/instrument needs? No
Is the patient on anticoagulants? Unknown

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 ($4.52)
10 mg, oral, daily, for 3 days

☐ vitamin K1 (phytonadione) injection ($4.52)
10 mg, intravenous, daily, for 3 days

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 ($9.96)
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 ($4.29)
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 ($3.59)
40 mg, intravenous, every 12 hours, scheduled, for 72 hours, for 72 hours post endoscopy

○ pantoprazole magnesium tablet enteric-coated ($0.16)
40 mg, oral, 2 times per day, 30 minutes before breakfast and supper, for 72 hours, for 72 hours post endoscopy

Prothrombin Complex Concentrate

Ensure patient consent has been obtained prior to requesting blood product from lab/transfusion service where possible.

Recommended Dosing:

Adults – dosing should be based on INR. However, if major bleeding is present and INR is unknown, a dose of 80 mL should be administered.

Initial dose should be given in conjunction with 10 mg intravenous/oral Vitamin K especially if reversal is required for longer than 6 hours

	PCC dose if INR > 5	PCC dose if INR 3-5	PCC dose if INR <3
Dose	3000 IU (120 mL)	2000 IU (80 mL)	1000 IU (40 mL) 1500 IU (60 mL) if ICH or epidural/spinal ane required

Pediatrics – dosing is weight and INR based

Patient Weight	INR < 3.0	INR 3.0 or higher
≤10 kg	10mL	20 mL
10 - 25 kg	20 mL	30 mL
25 – 50 kg	30 mL	40 mL

- **If time permits reassessment of INR at 10-30 minutes post dose is recommended, with additional PCC provided if the INR remains >1.5 and bleeding continues.**
- **Maximum total dose = 120 mL**

octreotide IV

octreotide 50 mcg in NaCl 0.9% 50 mL bag ($8.29)
50 mcg, intravenous, once, today at 1630, For 1 dose

Followed by

octreotide 200 mcg in NaCl 0.9% 100 mL (2 mcg/mL) bag ($13)
50 mcg/hr (25 mL/hr), intravenous, continuous, Starting today at 1630
reassess at 72 hours. Recommend 3 to 5 days of therapy.

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

○ lactulose liquid oral ($0.45)
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 ($3.00)
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 40 mg ($0.16)
40 mg, oral, daily, First Dose today at 1630
Avoid if renal dysfunction as it is renally cleared

○ propranolol tablet 20 mg ($0.15)
20 mg, oral, 2 times per day, First Dose today at 2000

○ carVEDilol tablet 3.125 mg ($0.08)
3.125 mg, oral, 2 times per day, with breakfast and supper, First Dose today at 1700
Avoid if decompensated (ascites). Reduces blood pressure