

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

Prothrombin Complex Concentrate

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

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

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