

GI BLEED – LOWER – SS

NURSING

- Insert nasogastric tube to low intermittent suction. RN to enter X-ray (CXR) order for placement [Evidence](#)
- Insert orogastric tube (OGT) to low intermittent suction. RN to enter X-ray (CXR) order for placement
- Insert 2 large bore IVs [Evidence](#)

ACTIVITY

REMINDER: If there are no restrictions nursing will ambulate patient at least four times a day per policy PC-112.

- Activity Restrictions: BED REST

NUTRITION

- NPO
- NPO except for medications

IV FLUIDS

- Sodium Chloride 0.9% IV to run at 500 mL/Hr x 2 Hrs (1,000 mL Bolus) then saline lock IV if maintenance IV is not ordered.
- Sodium Chloride 0.9% IV to run at 75 mL/Hr. Start after IV bolus (if ordered).
- Saline lock IV if tolerating Po fluids, Temp < 100.4° F, HCT > 30, and PCA not required. Saline Flush Peripheral IV with 2 mL IV Push Q 8 Hrs and after each IV medication dose.

MEDICATIONS

REMINDER: For Bowel prep orders, use Bowel Prep SS

Anticoagulation reversal medications *Physician to select **ONE** dose only*

- Phytonadione (Vitamin K) 5 mg Po x 1 dose STAT
- Phytonadione (Vitamin K) 10 mg SubQ x 1 dose STAT
- Phytonadione (Vitamin K) 0.5 mg IVPB over 15 min X 1 dose STAT

GI medications: H2 Blockers [Evidence](#)

- Famotidine (Pepcid) 20 mg Po BID. RN to contact Pharmacy to enter IV order if pt unable to take Po. Pharmacy to adjust per renal dosing protocol.
- Famotidine (Pepcid) 20 mg IV Push BID. RN to contact Pharmacy to enter Po order if pt is able to take Po. Pharmacy to adjust per renal dosing protocol.

GI medications: Proton Pump Inhibitors [Evidence](#)

- Pantoprazole (Protonix) 40 mg Po daily. RN to contact Pharmacy to enter IV order if pt unable to take Po.
- Pantoprazole (Protonix) 40 mg IV Push daily. RN to contact Pharmacy to enter Po order if pt is able to take Po.

Other Medications: Blood Transfusion related

- Sodium Chloride 0.9% 100 mL IV over 30 mins Prn blood product priming/flushing.
- Acetaminophen (Tylenol) 650 mg Po x 1 dose as pre-medication 30 mins prior to starting PRBC, FFP, or Platelet transfusions. *Total Acetaminophen not to exceed 4,000 mg/24 Hrs*
- Acetaminophen (Tylenol) 650 mg PR x 1 dose as pre-medication 30 mins prior to starting PRBC, FFP, or Platelet transfusions. Give if pt unable to take Po Acetaminophen (if ordered). *Total Acetaminophen not to exceed 4,000 mg/24 Hrs*
- Furosemide (Lasix) 20 mg IV Push x 1 dose after 1st unit of PRBC
- Furosemide (Lasix) 40 mg IV Push x 1 dose after 1st unit of PRBC
- Furosemide (Lasix) 20 mg IV Push x 1 dose after 3rd unit of PRBC
- Furosemide (Lasix) 40 mg IV Push x 1 dose after 3rd unit of PRBC

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MEDITECH MNEMONIC: GI.BLDL

MEDITECH NAME: GI BLEED LOWER SS

ZYNX- GI Bleed Lower ADM MS

T. CRUZ/K. HSU

V:\SJO Ordersets\Order Sets\GI\GI BLEED LOWER SS-all versions

DiphenhydrAMINE (Benadryl) 25 mg Po x 1 dose as pre-medication 30 mins prior to starting PRBC, FFP, or Platelet transfusions.

****For Patients > or = 65 yrs old, use 12.5 mg order**

DiphenhydrAMINE (Benadryl) 12.5 mg IV Push x 1 dose as pre-medication 30 mins prior to starting PRBC, FFP, or Platelet transfusions. Give if pt unable to take Po DiphenhydrAMINE (if ordered).

****For Patients < 65 yrs old, use 25 mg order**

DiphenhydrAMINE (Benadryl) 25 mg IV Push x 1 dose as pre medication 30 mins prior to starting PRBC, FFP, or Platelet transfusions. Give if pt unable to take Po DiphenhydrAMINE (if ordered).

Other Medications: _____

***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

BLOOD BANK- See PRBC/FFP Pre-medication orders in Medication list above

****SELECT the order for the blood product. In addition fill out the corresponding TRANSFUSION INSTRUCTION order (below) for nursing to administer the blood product*****

Type and screen

Red Blood Cells [Evidence](#)

PRBC _____ unit(s)

PRBC Indications

Hemoglobin <8 g/dL Pre-Op Hgb <9 g/dL Blood Loss >15%
 Symptomatic Anemia Hypotension/Shock Chronic Renal Failure
 Chemotherapy Other _____

Unit specification

Autologous Directed Irradiated CMV Neg Washed RBC

PRBC Transfusion Instructions:

Begin Transfusion At: _____

Transfuse during hemodialysis yes no

Additional Instructions: _____

Platelets

Platelets Apheresis _____ unit(s)

Platelet Indications

Plat<20,000 u/L Plat<50,000 u/L surgery pending Platelet
Dysfunction Pre-Op Hypotension/Shock Blood Loss
 Chemotherapy Other _____

Unit specification

Directed CMV Neg

Platelets Transfusion Instructions:

Begin Transfusion At: _____

Additional Instructions: _____

Thawed Plasma

Thawed Plasma _____ unit(s)

Thawed Plasma
Indications

INR >1.5 Coumadin reversal Hypotension/Shock
 Pre-Op Blood Loss Chemotherapy
 Other _____

Plasma Transfusion Instructions:

Begin Transfusion At: _____

Additional Instructions: _____

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LABORATORY - Hematology

- Complete Blood Count (CBC) - In AM [Evidence](#)
- Hemogram (HMG) - Q6 Hrs

LABORATORY - Chemistry

- Basic metabolic panel (BMP) - In AM
- Chemistry Panel Comprehensive (CMP) - In AM
- Chem Panel Hepatic Function (LFT) - In AM

LABORATORY – Coagulation

- Prothrombin Time (PT/INR) – In AM [Evidence](#)
- Partial Thromboplastin Time (aPTT) - In AM [Evidence](#)

LABORATORY- Other Body Sources

- Occult Blood (OB) - Now x 3

DIAGNOSTIC – Radiology

- Chest X-ray 1 View (CXR), Portable; Reason: To evaluate infiltrate
- Radiograph, Small Bowel Series Reason for exam: To evaluate bleeding [Evidence](#)

DIAGNOSTIC - Interventional Radiology

- IR, Angio procedure; Reason for exam: To evaluate bleeding [Evidence](#)

DIAGNOSTIC - MRI

- MRI Angio Abdomen, with contrast; Reason for exam: To evaluate bleeding
- MRI Abdomen without contrast; Reason for exam: To evaluate bleeding

DIAGNOSTIC - Nuclear Medicine

- NM, Meckel's Localization; Reason for exam: To evaluate bleeding [Evidence](#)
- NM GI Bleed; Reason for exam: To evaluate bleeding

MD CONSULTS

REMINDER: Consider specialty referral (Gastroenterology, General Surgery [Evidence](#), Interventional Radiology [Evidence](#))

- Consult MD _____
- Consult MD _____
- Consult MD _____

REQUEST FOR SERVICE

- Consult for Case Management
- Consult for Social Services

REMINDERS

- Avoid nonsteroidal anti-inflammatory drugs, including aspirin [Evidence](#)
- American College of Radiology Appropriateness Criteria for treatment of acute nonvariceal GI tract bleeding [Evidence](#)
- Barium enema should not be used in the initial evaluation of acute hematochezia [Evidence](#)
- Nuclear medicine, gastrointestinal blood loss imaging tagged red blood cell scan [Evidence](#)