

GI BLEED - UPPER – SS

NURSING

- Insert nasogastric tube to low intermittent suction
- Insert orogastric tube to low intermittent suction.
- Obtain oral suction supplies and have available at bedside
- Insert 2 large bore IVs

ACTIVITY

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

- Activity restrictions: BEDREST
- Patient to lie on side after ingestion of oral contrast, Radiology to specify position
- Elevate head of bed to 30 degrees

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) 10 mg SubQ daily x 3 doses, 1st dose NOW
- Phytonadione (Vitamin K) 0.5 mg IVPB over 15 mins X 1 dose STAT

GI medications

- Sucralfate (Carafate) oral suspension 1 Gm Po QID. RN to contact pharmacy to enter NG order if pt unable to take Po.

GI medications: Proton Pump Inhibitors [Evidence](#) *Physician to select ONE dose only*

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

GI medications: Proton Pump Inhibitors: Drip orders

- Pantoprazole (Protonix) 80 mg IV Push x 1 dose as a loading dose prior to starting pantoprazole infusion. (Do not give bolus if bolus given in ED)
- Pantoprazole (Protonix) 80 mg/ 100 mL NS IV at 8 mg/Hr after bolus dose (if ordered) is given.

Variceal Bleeding medications

- Octreotide (SandoSTATIN) 50 mCg IV Push over 3 mins x 1 dose. Bolus prior to starting drip. (Do not give bolus if bolus given in ED)
- Octreotide (SandoSTATIN) 500 mCg/ 100 mL NS. Give bolus (if ordered) then start a drip to run at 50 mCg/Hr IV x 72 Hrs.

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ZYNX-GI Bleed Upper ADM MS

MEDITECH NAME: GI BLEED UPPER-SS

MEDITECH MNEMONIC: GI.BLDU

T. Cruz/K. Hsu

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Variceal Bleeding medications: Beta-Blockers [Evidence](#) *Physician to select **ONE** drug only*

- Propranolol (Inderal) 10 mg Po BID. Hold for SBP < 90 or HR < 60.
- Propranolol (Inderal) 10 mg Po TID. Hold for SBP < 90 or HR < 60.
- Propranolol (Inderal) 20 mg Po BID. Hold for SBP < 90 or HR < 60.
- Propranolol (Inderal) 20 mg Po TID. Hold for SBP < 90 or HR < 60.
- Propranolol (Inderal) 40 mg Po BID. Hold for SBP < 90 or HR < 60.
- Propranolol (Inderal) 40 mg Po TID. Hold for SBP < 90 or HR < 60.

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
- 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: _____

BLOOD BANK [Evidence](#)- See PRBC/FFP Pre-medication orders in Medication Section above)

REMINDER: Coagulation defects should be corrected

****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

- PRBC** _____ unit(s)

PRBC Indications

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

Unit specification

- | | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Autologous | <input type="checkbox"/> Directed | <input type="checkbox"/> Irradiated | <input type="checkbox"/> CMV Neg | <input type="checkbox"/> Washed RBC |
|-------------------------------------|-----------------------------------|-------------------------------------|----------------------------------|-------------------------------------|

PRBC Transfusion Instructions:

Begin Transfusion At: _____

Transfuse during hemodialysis yes no

Additional Instructions: _____

Platelets

Platelets Apheresis _____ **unit(s)**

Platelet Indications	<input type="checkbox"/> Plat<20,000 u/L	<input type="checkbox"/> Plat<50,000 u/L surgery pending	<input type="checkbox"/> Platelet Dysfunction
	<input type="checkbox"/> Pre-Op	<input type="checkbox"/> Hypotension/Shock	<input type="checkbox"/> Blood Loss
	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Other _____	

Unit specification	<input type="checkbox"/> Directed	<input type="checkbox"/> CMV Neg
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Platelets Transfusion Instructions:

Begin Transfusion At: _____

Additional Instructions: _____

Thawed Plasma

Thawed Plasma _____ **unit(s)**

Thawed Plasma Indications	<input type="checkbox"/> INR >1.5	<input type="checkbox"/> Coumadin reversal	<input type="checkbox"/> Hypotension/Shock
	<input type="checkbox"/> Pre-Op	<input type="checkbox"/> Blood Loss	<input type="checkbox"/> Chemotherapy
	<input type="checkbox"/> Other _____		

Plasma Transfusion Instructions:

Begin Transfusion At: _____

Additional Instructions: _____

LABORATORY - Hematology

- Complete Blood Count (CBC) - In AM
- Hemogram (HMG) - Q 6 Hrs

LABORATORY - Chemistry

- Basic Metabolic Panel (BMP) - In AM
- Complete Metabolic Panel (CMP) - In AM
- Hepatic function panel (LFT) - In AM

LABORATORY - Coagulation

- Prothrombin time (PT/INR) - In AM
- Partial Thromboplastin Time (aPTT) - In AM

LABORATORY - Serology

- Helicobacter pylori antibody - In AM [Evidence](#)

LABORATORY - Other Body Sources

- Occult blood, stool

DIAGNOSTIC - Radiology

- Radiograph, Upper Gastrointestinal Series with KUB; Reason for exam: [Evaluate Bleeding](#)
- Chest X-ray (CXR) 1 view Portable; Reason for exam: [Evaluate Infiltrate](#)

DIAGNOSTIC - Nuclear Medicine

- Nuclear medicine, Gastrointestinal Bleed: Reason for exam: [Evaluate Bleeding](#) [Evidence](#)

MD CONSULTS

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

- Consult MD _____

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- Consult MD _____
- Consult MD _____

REQUESTS FOR SERVICES

- Consult to social services
- Consult to case management for discharge planning

REMINDERS

- Coagulation defects should be corrected
- American College of Radiology Appropriateness Criteria for hematemesis [Evidence](#)
- American College of Radiology Appropriateness Criteria for treatment of acute nonvariceal GI tract bleeding [Evidence](#)
- For appropriately selected patients - consider the use of angiography of the abdomen or transcatheter arteriography/intervention [Evidence](#)