

Topic: UGIB (Variceal)

Initial Presentation (First Act):

49 year old male is brought in by EMS to your resusc bay. He has been vomiting up some blood today. EMS noticed dry blood on his sweater and around his mouth.

PMHx	Meds	Social
GERD	unknown	Prev. ETOH abuse Divorced Smoker Unemployed

His vitals on arrival are:

36.6	104	110/60
95% sat	20	Glucose 6.0

On exam:

You see that your patient has a yellowish hue on his sclerae, his abdomen is distended with profound vascular markings around his umbilicus. His left hand is shaking and you notice a redness of his palm when you shake his hand. During your thorough abdominal exam the patient looks at you briefly, leans briskly forward and releases a big gush of bright red blood onto the stretcher.

QUESTION: What would you like to do?

WAIT FOR RESPONSE

Initial Responses expected to move on:

- 1) Move to Resusc bay
- 2) Don PPE
- 3) Cardiopulmonary monitors, 2 large bore IV's, O2
- 4) Double Suction (explain!)
- 5) Call for 2-4 uncrossed PRBC's
- 6) NS IV Bolus
- 7) Call RT
- 8) Blood work: G&C, INR/PTT, LFT, Bun/Crea CBC, Lytes, VBG
- 9) Call GI

You can now start providing data about the patient's case once they have completed their initial response.

Results:

- VBG: 7.39/35/70/25
- 110Hb, Hct48%, MCV110, WBC 12.1, Plt200
- Cr 102, BUN 20
- Lactate 2.1
- Lytes: K 3.9, Na 137
- AST 67, ALT 57, GGT 420
- INR 1.3, Fibrinogen - normal
- Urine C+S, urine toxicology, ASA/Acetaminophen, septic workup, toxic alcohols, osmolar gap, TSH for differentials → All negative
- ECG (sinus tachy, non-specific repolarization abnormalities)
- CXR: nil acute

The Case Continues (Second Act):

You are asked to return to see the patient now. Your colleague notices sweat pearls on your forehead as you see that your patient looks even more concerning: His vomit becomes profuse, big gushes all around the room. Your student shouts that GI is not answering despite multiple pages.

His vitals are now

36.6	150	90/55
90% sat (100% O2)	36	Glucose 5.5

Challenge Question:

What is your Differential at this time?

- UGIB (Variceal bleed)
- Mallory Weiss tear
- PID
- Epistaxis
- Boerhaave's

Treatment:

- Octreotide 50mcg bolus, then 50/h
- Pantoprazole 80mg bolus, 8mg/h
- Level 1 Transfuser: 2 PRBCs
- Ondansetron to suppress cont. vomit for intubation
- Abx: Ceftriaxone IV ([see Cochrane review](#))
- Airway management
 - Decision to intubate
 - If cont. bleed insert Blakemore..
 - Cont. paging GI : They answer & arrive