

		750-		
Bloodloss, ml	<750	1500	1500-2000	>2000
Bloodloss, % of total	<15	15-30	30-40	>40
Pulse	<100	>100	>120	>140
Bloodpressure	-	-	↓	↓
Pulsepressure	- or ↑	↓	↓	↓
Respiratory Rate	14-20	20-30	30-40	>35
Urine output ml/h	>30	20-30	5-15	negligible
Fluid therapy	RA	RA	RA+Blood	RA+Blood

Nasogastric catheter with repeated saline lavage if melena, hematemesis or suspected upper GI bleeding. Rectoscopy. If massive bleeding and need for repeated blood transfusion use ratio **4 erythrocytes 4 plasma 1 platelets (Swedish bags!)**

If upper GI bleeding is suspected:

- Nexium 80 mg i.v. and subsequent 8 mg/h.
- Cyklokapron 1g x 4-6 i.v. (low evidence)
- Octostim (desmopressin) 0.3 µg/kg i.v. if uremic, livercirrhosis and thrombocyte defect (i.e. ASA).
- Oplex dose in regards to INR and Konakion 10-20 mg i.v. if patient is treated with Warfarin.
- Erythrocyte goal Hb >100
- Platelets goal >75-100 x 10⁹/L. Critical at 50 x 10⁹/L
- Plasma and other coagulation factors: consult experienced colleague.

75% of GI bleeding is from the upper GI tract.