|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bloodloss, ml | <750 | 750-1500 | 1500-2000 | >2000 |
| Bloodloss, % of total | <15 | 15-30 | 30-40 | >40 |
| Pulse | <100 | >100 | >120 | >140 |
| Bloodpreassure | - | - | ↓ | ↓ |
| Pulsepreassure | - or ↑ | ↓ | ↓ | ↓ |
| Respiratory Rate | 14-20 | 20-30 | 30-40 | >35 |
| Urine output ml/h | >30 | 20-30 | 5-15 | negligable |
| 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. ifuremic, livercirrhosis and thrombocyte defect (i.e. ASA).
* Ocplex 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 collegue.

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