

RETU GI Bleed Pathway

ED Evaluation

Required testing prior to RETU admission

- CBC
- PT/PTT
- EKG in elderly or comorbidities
- Troponin in elderly or comorbidities
- Rectal/guaiac exam

Not appropriate for RETU

- Hemodynamic instability
- Ongoing active bleeding (eg, drop in Hg/Hct)
- Coagulopathy (eg, advanced liver disease, irreversible anticoagulation therapy)
- Significant active comorbid disease (eg, symptomatic heart failure, COPD)
- Suspected or known ischemic colitis
- Previous aortic graft placement or known aortic aneurysm
- Signs of intestinal obstruction or peritonitis
- High-risk low platelet count
- Anemia with findings suggesting inadequate perfusion (eg, persistent tachycardia, abnormal orthostatics, AMS, heart failure, chest pain, exertion dyspnea)

RETU Intake Evaluation (do not repeat testing if already done in ED)

Exam Focus

- Abdominal/rectal
- Cardiovascular
- Mental status

Initial Testing

- Labs: CBC (q3-6h), BMP, PT/PTT (others as clinically indicated)
- Imaging: CT imaging (as indicated)

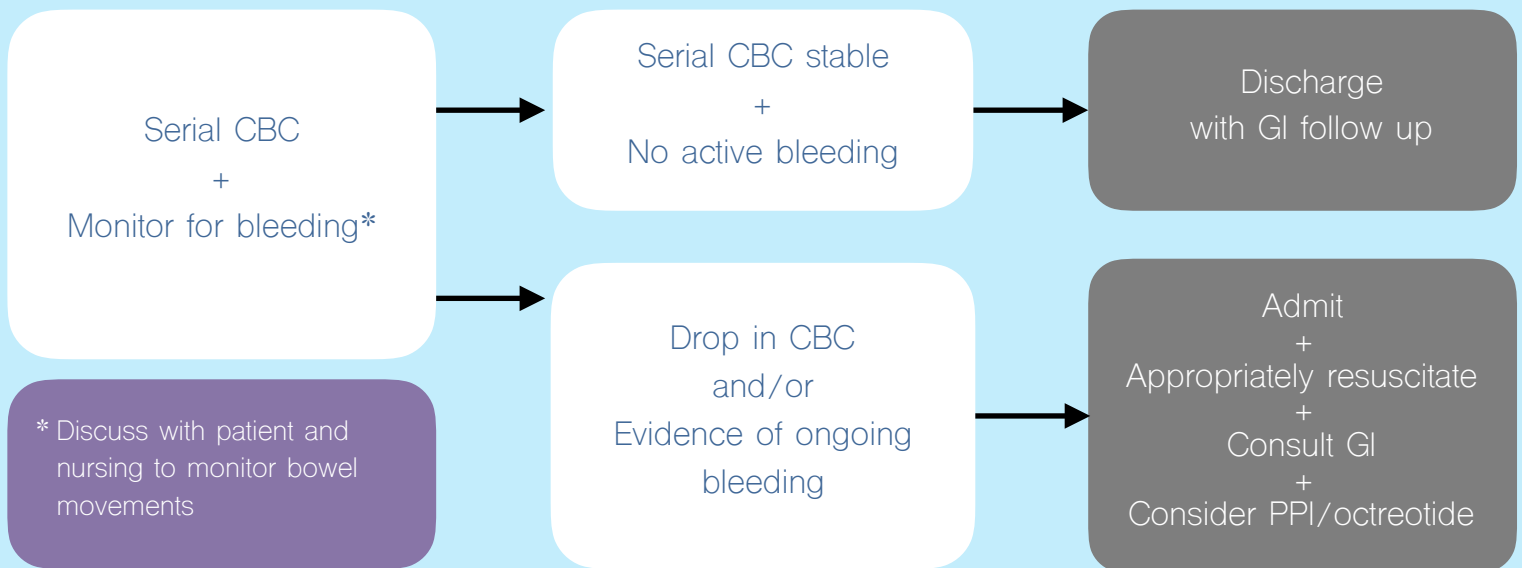
Monitoring

- Continuous telemetry monitoring (as indicated)
- Serial CBC
- Monitor bowel movements

Consults

- GI consult (as indicated)

RETU Treatment / Evaluation



Disposition Guidelines

Discharge from RETU

- Hemodynamically stable
- Stable serial CBC
- No further evidence of bleeding
- No endoscopy or colonoscopy indicated (per GI)

Admission to Hospital

- Deterioration of clinical condition
- Hemodynamic instability
- Declining Hgb/Hct
- Continued bleeding
- Per specialist request