	Upper Gastrointestinal Bleeding			
Presentation	Hematemesis (vomiting of red blood or coffee ground-like material) and/or melena (black, tarry stools). Fast UGI bleed can present with BRBPR.			
Pathophys	Proximal to ligament of Treitz (distal duodenum)			
Treatment	Depends on cause. In general, NPO + high-dose PPI (or PPI drip), fluids + blood product resuscitation, correct coagulopathy, sometimes octreotide drip .			
		Common	Uncommon	
	Infant			
		Swallowed maternal blood (from delivery or mother's nipples) → w/u: Apt test Esophagitis (from stress, hypoxia, indomethacin, dexamethasone)	Gastric ulcer	
	Older Child			
	Esophagus	Esophagitis (reflux pill- induced e.g. tetracycline) Mallory-Weiss tear	Esophagitis (viral, allergic, candidal, caustic) Foreign body Duplication cyst Varices	
	Stomach	Gastritis (NSAIDs, H. pylori) Stress ulcer	Gastritis (Crohn's, portal hypertension) Ulcer (e.g.,Zollinger-Ellison) Cushing ulcer (†ICP) Leiomyoma Varices Vascular malformation (e.g., Dieulafoy Dz)	
	Duodenum	Duodenitis (e.g., Crohn's disease)	Ulcer (e.g., H. pylori, Curling ulcer in burn victims) Foreign body Duplication cyst Vascular malformation Hemobilia (intrahepatic bleeding from biliary tree)	
	Other	Swallowed blood from mouth/ nasopharynx Facial trauma, tooth extraction, epistaxis	Swallowed blood (e.g., Munchausen by proxy, pulmonary hemorrhage)	