

Priority Topic: GASTROINTESTINAL BLEED

Key Features:

1. In a patient with blood in the stools who is hemodynamically stable, use history to [differentiate upper vs. lower gastrointestinal \(GI\) bleed](#) as the investigation differs.

What you should study:

- ✓ "Gastrointestinal bleeding" from *"Symptoms to Diagnosis – An Evidence-Based Guide. 3rd edition (Stern and Cifu)*. **It is FREE if you login through your McGill vpn account.**
- ✓ [Acute Gastrointestinal Bleeding in the clinic AIM 2013](#)
- ✓ EM Cases: [Episode 101 GI Bleed Emergencies Part 1](#)
- ✓ [Upper GI Bleed AAFP 2012](#)

2. In a patient with [suspected blood in the stool](#), explore other [possible causes](#) (e.g., beet ingestion, iron, Pepto-Bismol) before doing extensive investigation.

3. [Look for](#) patients at [higher risk for GI bleed](#) (e.g., previous GI bleed, intensive care unit admission, nonsteroidal anti-inflammatory drugs, alcohol) so as to [modify treatment to reduce risk of GI bleed](#) (e.g cytoprotection).

What you should study:

- ✓ [Non-variceal UGI Bleed Primer NATURE 2018](#) - long but **GREAT figures!**
Focus on medication-induced GI bleed

4. In a patient with obvious GI bleeding, **identify patients** who may **require timely treatment** even though they are not yet in shock.

What you should study:

- ✓ EM Cases: [Episode 101 GI Bleed Emergencies Part 1](#)
- ✓ EM Cases: [Episode 102 GI Bleed Emergencies Part 2](#)

5. In a stable patient with lower GI bleeding, **look for serious causes** (e.g., malignancy, inflammatory bowel disease, ulcer, varices) **even when** there is an **apparent obvious cause for the bleeding** (e.g., do not attribute a rectal bleed to hemorrhoids or to oral anticoagulation).

What you should study: For IBD, see Priority Topic Abdominal Pain

- ✓ [Occult GI Bleeding AAFP 2013](#)
- ✓ [Management of Ulcer Bleeding ACG Guidelines 2012](#)
- ✓ [Variceal Bleeding UK Guidelines BMJ 2015](#)
- ✓ [Colorectal Cancer Diagnosis WJGO 2015](#)
- ✓ [Docteur je veux une "p'tite crème" pour mes hémorroïdes MduQ 2016](#)

6. In a patient with an upper GI bleed,
- Include **variceal bleeding** in your differential,
 - Use history and physical examination to **assess the likelihood** of a variceal bleed as its management differs.

What you should study:

- ✓ [Variceal Bleeding UK Guidelines BMJ 2015](#)
- ✓ **Awesome and hilarious podcast on upper GI bleed by Dr Kirlew (2015): Dr Kirlew podcasts (CCFP 2016 Session 5):**
<https://directory.libsyn.com/shows/view/id/siouxlookoutareadocs>
- ✓ [Making NG tube insertion less horrendous](#)

Possibly of interest although NOT part of the topic:

✓ [Common Anorectal Conditions AAFP 2012](#)