PAEDIATRIC ACUTE CARE GUIDELINE	
Gastrointestinal Bleeding – Upper GIT	
Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

Gastrointestinal Bleeding – Upper GIT

Gastrointestinal bleeding in children is a relatively common presentation to emergency departments.

This guideline looks at upper GIT causes of bleeding. Please refer to Gastrointestinal Bleeding – Lower GIT for lower GIT causes.

Background

- Most causes of upper GIT bleeding in children are self limiting conditions
- In the rare event of a life threatening upper GIT bleed, **urgent IV** access (large bore) and resuscitation is paramount (see Serious Illness)
- Small, self limiting GIT bleeds rarely need extensive investigation

General

Upper GIT bleeding typically presents with:

- Haematemesis – frank blood or coffee ground
- Malaena

Assessment

Haemodynamically unstable, shocked or persistent large bleeding

- Pallor, tachycardia, delayed perfusion, hypotension
  - Large bore IV access x2
  - Fluid resuscitation 20ml/kg 0.9% saline (repeat as necessary)
  - +/- Blood transfusion
  - Early senior clinician input

Haemodynamically Stable Patients

- Consider non GIT causes of blood
  - Swallowed blood – maternal (breastfed infants), epistaxis, oral/dental injury, haemoptysis
  - Food which can mimic blood – tomato, food colouring, beetroot
- Thorough history will help determine the source of bleeding

History

Important points to ask in history:

- Neonates – was vitamin K given at birth?
- Non Steroidal Anti Inflammatory Drug use
- Ingestion – button battery, caustic chemicals
- Chronic liver disease
- Cystic Fibrosis
- Family history of bleeding disorders, inflammatory bowel disease, peptic ulcer disease

Differential Diagnoses

Diagnosis	History
Swallowed blood	Maternal blood, epistaxis, post oral / dental procedures
Mallory Weiss Tear	Forceful vomiting
Oesophagitis	Reflux symptoms
Gastritis	Epigastric pain, NSAID use, Helicobacter pylori
Mucosal injury	Ingestion – button battery, caustic chemical
Oesophageal varices	Chronic liver disease, portal hypertension
Vascular malformation	Uncommon – may be cutaneous vascular malformations

Investigations

- Minor self limiting upper GI bleeds rarely require investigation and parental reassurance is all that is necessary.
- Investigation of significant upper GI bleeds should be guided by suspected underlying cause.

Lab tests:

- Full blood count
- Coagulation profile
- Group and hold or cross match
- Liver function tests
- APT-Downey test – differentiates adult haemoglobin (swallowed maternal blood) from foetal haemoglobin

Endoscopy

- Significant upper GI bleeds and mucosal injury should be referred to gastroenterology for endoscopy
- Urgent gastroenterology referral is required for patients with:
    - Haemodynamic instability
    - Active bleeding
    - Oesophageal varices
    - Button battery in oesophagus

Management

Significant Bleeding
• Large bore IV access x2 • Fluid resuscitation +/- blood transfusion as necessary • Correct any clotting abnormalities – vitamin K, FFP, platelets • Urgent gastroenterology referral • Medications: ◦ Proton pump inhibitor – omeprazole / pantoprazole ◦ Octreotide (in variceal bleeds – on gastroenterology advice) • Uncontrolled variceal bleeding may require ballon tamponade with Foley's catheter or Sengstaken-Blakemore tube • **All** patients with significant upper GI bleeds should be admitted for observation and further management/investigation
Mucosal Injury (post ingestion)

• Button batteries lodged in the oesophagus require urgent endoscopic removal – refer urgently to gastroenterology
• Button batteries in the stomach > 48 hours should be referred to gastroenterology for endoscopic removal
• Caustic chemical ingestion should be discussed with gastroenterology especially if difficulty swallowing or excessive drooling

Gastritis / Oesophagitis

• Patients with an acute self-limiting bleed may benefit from acid suppression (H2 antagonist or proton pump inhibitor) for 2-4 weeks
• Consider gastroenterology follow up if chronic or recurrent symptoms

References

Fleisher, Gary R.; Ludwig, Stephen; Textbook of Pediatric Emergency Medicine, 6th Edition. 2010

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File Path:			
Document Owner:	Dr Meredith Borland HoD, PMH Emergency Department		
Reviewer / Team:	Kids Health WA Guidelines Team		
Date First Issued:	8 October, 2015	Version:	
Last Reviewed:	8 October, 2015	Review Date:	8 October, 2017
Approved by:	Dr Meredith Borland	Date:	8 October, 2015
Endorsed by:	Medical Advisory Committee	Date:	8 October, 2015
Standards Applicable:	NSQHS Standards:		

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