



## PAEDIATRIC ACUTE CARE GUIDELINE

### Gastrointestinal Bleeding - Lower GIT

<b>Scope (Staff):</b>	All Emergency Department Clinicians
<b>Scope (Area):</b>	Emergency Department

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<http://kidshealthwa.com/about/disclaimer/>

## Gastrointestinal Bleeding - Lower GIT

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

This guideline looks at lower GIT causes of bleeding. Please refer to [Gastrointestinal Bleeding - Upper GIT](#) for upper GIT causes.

### Background

- Rectal bleeding can present as malaena or haematochezia
- Malaena (altered dark blood) suggests an upper GI cause of bleeding
- Haematochezia (bright red blood) suggests colonic or rectal source of bleeding
- Most causes are non life threatening

### 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), large epistaxis
- Food which can mimic blood – red 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?
- Pain
- Vomiting and diarrhoea
- Constipation
- Fever
- Weight loss
- Non Steroidal Anti Inflammatory Drug use
- Family history of bleeding disorders, inflammatory bowel disease, peptic ulcer disease, polyposis

## Differential Diagnosis

Causes of lower GI bleeding vary according to age.

Diagnosis
<b>Neonatal Period</b> <ul style="list-style-type: none"> <li>• Swallowed maternal blood</li> <li>• Anorectal fissure</li> <li>• Allergic colitis</li> <li>• Necrotising Enterocolitis</li> <li>• Midgut volvulus with malrotation</li> </ul>
<b>Infants</b> <ul style="list-style-type: none"> <li>• Anal fissure</li> <li>• Allergic colitis</li> <li>• Intussusception</li> <li>• Infectious colitis</li> <li>• Meckel's Diverticulum</li> </ul>
<b>Older Children</b> <ul style="list-style-type: none"> <li>• Anal fissure</li> <li>• Infectious colitis</li> <li>• Inflammatory Bowel Disease</li> <li>• Juvenile polyps</li> <li>• <a href="#">Henoch-Schonlein Purpura</a></li> <li>• Meckel's Diverticulum</li> </ul>

## Swallowed Maternal Blood

- There may be a history of maternal mastitis or painful, cracked nipples. APT-Downey test will detect maternal blood in baby's stool

### **Malrotation with Midgut Volvulus**

- Usually present in neonatal period with abdominal distension and vomiting
- Up to 20% will have rectal bleeding (melaena or haematochezia)
- Upper GI contrast study and surgical referral in suspected cases

### **Anorectal Fissure**

- History of painful bowel motions, straining, constipation
- Bright flecks or streaks of blood on surface of stool
- Fissure may be seen on external examination
- Treat with stool softeners and topical analgesia

### **Allergic Colitis**

- Food protein induced colitis – commonly cow's milk protein
- Mucousy bloody stool in otherwise healthy infant
- Treatment is eliminating causative protein in diet – usually results in improvement of symptoms within 72 hours
- Self resolves by 6-18 months age
- Arrange follow up with General Paediatrician

### **Infectious Colitis**

- Fever, abdominal pain and bloody diarrhoea
- Usually self limiting course
- Salmonella, Shigella, Campylobacter, Clostridium difficile are common pathogens
- If systemically unwell (especially young infants), admission is warranted for treatment with antibiotics (refer to [Antibiotic](#) guideline)

### **Intussusception**

- "Red Currant Jelly" stool is a late sign of intussusception
- Ultrasound, surgical referral and air enema in suspected cases
- Refer to [Intussusception](#) guideline

### **Inflammatory Bowel Disease**

- Crohn's Disease or Ulcerative Colitis
- Suspect if chronic abdominal pain with weight loss and bloody stool
- Investigations – iron deficiency anaemia, raised ESR and CRP, elevated faecal calprotectin
- Refer to gastroenterology for investigation and endoscopy


## Juvenile Polyps

- Benign hamartomas present with painless rectal bleeding
- May be familial polyposis syndrome
- Colonoscopy is diagnostic

## Meckel's Diverticulum

- Painless rectal bleeding – may be massive haemorrhage
- Fluid resuscitation +/- blood transfusion as required
- Meckel's scan is diagnostic
- Surgical resection is the treatment for symptomatic Meckel's Diverticuli

This document can be made available in alternative formats on request for a person with a disability.

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