GI Bleeding	Referral Guide: Page 1 of 1	Gastroenterology
Diagnosis/Definition:		
Any frank bleeding which is thought to originate in the GI tract, either from below (hematochezia or melena) or above (hematemesis or coffee ground emesis or positive lavage). The source of GI bleeding will be diagnosed by doing an EGD (endo-gastro-duodenoscopy) or a colonoscopy.		
Initial Diagnosis and Management:		
If the patient gives you a history of GI bleeding (frank blood or coffee ground emesis), ascertain time course, volume, hematocrit, vital signs (including orthostatics), and then immediately call the GI lab (303-436-6877, during 8-4:30 M-F) and talk to the GI fellow. If this is during the evening or on the weekend, then call the DHMC operator and ask for the GI fellow's pager number.		
Ongoing Management and Objectives:		
N/A		
Indications for Specialty Care Referral:		
Patients with hemodynamically significant GI bleeds need to be immediately referred to the GI service for evaluation which may include an urgent endoscopy.		
Test(s) to Prepare for Consult:	Test(s) Consult	ant May Need To Do:
CBC with differential PT/INR	EGD (endo-gast Colonoscopy Iron Studies LFTs Liver biopsy Surgical Consult	ro-duodenoscopy)
Criteria for Return to Primary Care:		
Once the etiology of the GI bleed has been determined and addressed appropriately, then if applicable, the patient will be returned to the PCP.		
Revision History: Created Revised		

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.