



Acute Gastrointestinal (GI) Bleed in the Emergency Department (ED) Clinical Pathway Synopsis

Objective of Clinical Pathway

To provide care standards for patients in the Emergency Department (ED) setting with suspected acute overt gastrointestinal bleeding. This clinical pathway guides initial evaluation and management, including timely blood acquisition and administration based on the risk for severe or ongoing bleeding.

Introduction

Gastrointestinal (GI) bleeding is a common event in children that varies significantly in both etiology and severity (Novak & Bass, 2023). Although most acute GI bleeds are mild and require minimal intervention, some may require rapid escalation of care, including hemodynamic stabilization, blood transfusion, correction of coagulopathies, and medication administration (Alali & Barkun, 2024). This pathway was developed to promote early recognition of patients who require rapid intervention or who are at risk for progression of bleeding in order to reduce delays in care and associated morbidity and mortality.

Target Users

- Physicians (Emergency Medicine, Gastroenterology [including GI subspecialists], Hospital Medicine, Intensivists, Fellows, Resident Physicians)
- Nurse Practitioners
- Nurses
- Pharmacists

Target Population

Inclusion Criteria

- Recent onset of visible GI bleeding (< 6 weeks)
-AND-
- Melena, hematochezia, or hematemesis

Exclusion Criteria

- Occult bleeding
- Patients outside CMH Kansas or Adele Hall ED

Practice Recommendations

Practice recommendations in the clinical pathway above are based on consensus among providers with knowledge of the existing evidence and expertise in the evaluation, treatment, and monitoring of pediatric patients with GI bleeding.

Additional Questions Posed by the Clinical Pathway Committee

No clinical questions were posed for formal literature review.

Measures

- Utilization of the Acute Gastrointestinal Bleed in the ED Clinical Pathway
- Utilization of the EDP GI Bleeding order set
- Time to administration of blood products, when indicated

Value Implications

- Decreased unwarranted variation in care
- Early recognition of patients at risk for decompensation
- Decreased morbidity and mortality from unrecognized severe or ongoing blood loss

Organizational Barriers and Facilitators

Potential Barriers

- Variability of acceptable level of risk among providers

** These clinical pathways do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare a clinical pathway for each. Accordingly, these clinical pathways should guide care with the understanding that departures from them may be required at times.*



Potential Facilitators

- Clear and efficient communication surrounding patient decompensation and need for blood transfusion
- Collaborative engagement across care continuum settings during clinical pathway development
- Anticipated high rate of use of the clinical pathway

Order Sets

- There are no associated order sets

Clinical Pathway Preparation

This pathway was prepared by the Evidence Based Practice (EBP) Department in collaboration with the Acute GI Bleed in the ED Clinical Pathway Committee composed of content experts at Children's Mercy. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

Acute GI Bleed in the ED Clinical Pathway Committee Members and Representation

- Allison Adam, MD | Pediatric Emergency Medicine Fellow | Committee Co-chair
- Lina Patel, MD | Emergency Medicine | Committee Co-chair
- Thomas Attard, MD, FAAP, FACP | Gastroenterology | Committee Member
- Rachel Chevalier, MD | Gastroenterology | Committee Member
- Adrienne DePorre, MD | Hospital Medicine | Committee Member
- Sarah Dierking, MSN, RN, CPHQ | Clinical Practice and Quality | Committee Member
- Christopher Kennedy, MD | Emergency Medicine | Committee Member
- Charles Maloy, MD | Hospital Medicine Fellow | Committee Member
- Sarah Nienhaus, MSN, RN, CPEN | Emergency Department | Committee Member
- Jay Rilinger, MD | Critical Care Medicine | Committee Member

EBP Committee Members

- Kathleen Berg, MD, FAAP | Evidence Based Practice
- Kori Hess, PharmD | Evidence Based Practice

Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Critical Care Medicine, Emergency Medicine, Gastroenterology, Hospital Medicine, Clinical Practice and Quality, and Evidence Based Practice.

Conflict of Interest

The contributors to the Acute GI Bleed in the ED Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

- This pathway was reviewed and approved by the GI Bleed Clinical Pathway Committee, Content Expert Departments/Divisions, and the EBP Department; after which they were approved by the Medical Executive Committee.
- Pathways are reviewed and updated as necessary every 3 years within the EBP Department at CM. Content expert teams are involved with every review and update.

Review Requested

Department/Unit	Date Obtained
Emergency Medicine	December 2024
Gastroenterology	December 2024
Critical Care Medicine	December 2024
Hospital Medicine	December 2024
Clinical Practice and Quality	December 2024

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Evidence Based Practice

December 2024

Version History

Date	Comments
December 2024	Version one – Developed Acute GI Bleed in the ED Clinical Pathway and synopsis
March 2026	Version two – Updated clinical pathway algorithm and synopsis to reflect that there are currently no associated Epic order sets or panels

Date for Next Review

- December 2027

Implementation & Follow-Up

- Once approved, the pathway was presented to appropriate care teams and implemented. Care measurements will be assessed and shared with appropriate care teams to determine if changes need to occur.
- Order sets consistent with recommendations are available in the ED setting.
- Education was provided to all stakeholders:
 - Providers/nurses from Emergency Medicine
 - Resident physicians
- Additional institution-wide announcements were made via email, hospital website, and relevant huddles.

Disclaimer

When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the order set(s) that accompany the clinical pathway.

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References

- Alali, A. A., & Barkun, A. N. (2024). Assessment, resuscitation, and medical management of variceal and nonvariceal gastrointestinal bleeding. *Gastrointest Endosc Clin N Am*, 34(2), 189-203. <https://doi.org/10.1016/j.giec.2023.09.001>
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- Ordering and Administration of Blood Products, (February, 2023). *Patient Care Services Standards Manual*. Children's Mercy Hospital, Kansas City, Missouri.

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