Upper GI Bleed Initial Management

Resuscitation, risk and early therapy

Gastroenterology | PHYSICIAN REFERENCE

First

- ABCDE, two IV lines when significant bleed, CBC/urea/creatinine/coagulation/type and screen; assess hemodynamics.

Therapy

- Restrictive transfusion strategy is usual in stable patients, individualized for exsanguinating bleed/ischemia. IV PPI for suspected non-variceal high-risk bleeding pathways; vasoactive drug + antibiotics early when variceal bleeding suspected.

Definitive

- Risk stratify and arrange timely endoscopy; urgent escalation for ongoing instability.

Clinical safety note

Use this as a memory aid, not a prescription. Verify current guidelines, local protocols, contraindications, renal/hepatic dosing, pregnancy status, interactions and patient-specific factors before treatment.