

## Question 19 (18 marks) 9 minutes

A 35 year old woman presents following one episode of haematemesis. She has no documented past history, but reports a long history of excessive alcohol consumption. She takes no regular medications.

Her observations are: BP 135/65 mmHg HR 85/min Sats 99% RA Temp 37°C

- a. State five (5) points to explain your approach to volume replacement for this patient. (5 marks)

NB: "volume replacement"

- \* She is haemodynamically stable at present- no fluids required
- Potential for massive ongoing losses (possible varices):
  - Prepare for deterioration
  - 2x large bore IV access
  - Activate MTP if massive haematemesis/ haemodynamic instability (Not now)- But endoscopy is Rx of choice, not MTP
- \* Fluids should be not overly aggressive (avoid overload/overtransfusion)
- \* Permissive hypotension resuscitation- may reduce ongoing bleeding
- Permissive hypotension resuscitation- most effective when combined with definitive endoscopic care
- \* If required- Crystalloid/colloid (may be albumin deplete) initially then blood
- If coagulopathic or thrombocytopenic (2° to CLD) - replacement
- \* Blood transfusion only if: major haemodynamic instability or Hb < 70 g/L

- b. What is the role of antibiotics for this patient? State two (2) points in your answer. (2 marks)

- \*Broad spectrum IV if cirrhosis and variceal bleeding clinically likely
- Even in absence of infective precipitant
- If cirrhosis:
  - Up to 20% of Cirrhosis with GIT bleed will have bacterial infection present at presentation
  - 50% develop when in hospital
- Multiple trials show prophylactic Abs ↓ complications
- \* Multiple trials show prophylactic Abs ↓ mortality
- Abs should be broad spectrum- no consensus in which "broad spectrum" ab is indicated

The patient is observed in your department. Investigations are pending.

- c. List five (5) markers that may be used to predict the need for transfusion or urgent endoscopy for this patient. (5 marks)

NB: answer based on Glasgow Blatchford scale and AIMS65 score

- Urea level
- Hb level
- Systolic BP
- Heart rate
- Presence of melaena
- Presence of syncope
- Presence of Liver disease
- Presence of Cardiac failure
- INR
- Altered mental state
- Serum albumin

- d. What is the role of proton pump inhibitors for this patient? State three (3) points in your answer. (3 marks)

- IV high dose bolus followed by infusion is considered standard of care
- Maintains gastric pH >6 - important for platelet aggregation
- ↓ hospital LOS
- ↓ bleeding rate at endoscopy in those with delayed endoscopy
- Does not ↓ transfusion requirements
- Does not ↓ recurrent bleeding
- Does not ↓ mortality

- e. What is the role of Tranexamic acid for this patient? State three (3) points in your answer.

- No established indication for routine use
- Current evidence inconclusive
- Consider in unresponsive bleeding/ exsanguination despite routine care- especially where endoscopy is unavailable or significantly delayed
- HALT-IT trial (large RCT) currently in progress