

Management of Acute Gastrointestinal Bleed

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KEYWORDS

- Acute gastrointestinal bleeding • Ulcerative erosions
- Complications of portal hypertension • Vascular lesions • Angiodysplasia • Colitis
- Inflammatory bowel disease • Colon cancer

KEY POINTS

- Acute gastrointestinal bleeding is a common problem found in critically ill patients that can range from a self-limited bleeding disorder to a life-threatening hemorrhaging emergency.
- Acute gastrointestinal bleeding is unstable and can quickly become a medical emergency.
- Frontline critical nurses must acquire self-efficacy for management of acute gastrointestinal bleeding disorders.
- The nurse must have knowledge about these disorders and potential complications to develop clinical reasoning skills to identify a change of condition to hemodynamic instability.

INTRODUCTION

Acute gastrointestinal bleeding is a common problem found in critically ill patients that can range from a self-limited bleeding disorder to a life-threatening hemorrhaging emergency. The frontline critical care nurse encounters these common gastrointestinal bleeding disorders in practice settings. Therefore, it is essential that the frontline critical care nurse develop self-efficacy for management of acute gastrointestinal bleeding disorders. The nurse must have knowledge about these disorders and potential complications, and must develop clinical reasoning skills to be able to identify patient changes of condition to hemodynamic instability. The purpose of this article is to overview upper and lower acute gastrointestinal bleeding and provide current evidence-based standards of care for nursing management of acute gastrointestinal bleeding. Common bleeding disorders are reviewed with expanded focus on peptic ulcer, acute variceal hemorrhage, colonic diverticular bleeding, and angiodysplasias, which are commonly found in the critical care setting.

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ACUTE GASTROINTESTINAL BLEEDING

Pathogenesis

The gastrointestinal tract transports, digests, and eliminates ingested material. A healthy gastrointestinal track supplies nutrients, vitamins, electrolytes, and minerals to the body that are essential to maintaining hemodynamic stability.¹ The gastrointestinal tract also contains clusters of immune cells embedded in the gastrointestinal track to provide immunosurveillance.¹ Injuries to the structure or function results in clinical manifestations that can lead to bleeding disorders and hemodynamic instability.

Gastrointestinal hemorrhage from the upper gastrointestinal track occurs proximal to the ligament of Treitz, whereas lower gastrointestinal tract bleeding occurs distal to the gastrointestinal tract.^{2,3} Gastrointestinal bleeding is characterized as upper gastrointestinal when bleeding is from the esophagus, stomach, or duodenum. Gastrointestinal bleeding is characterized as lower gastrointestinal when bleeding is from the jejunum, ileum, or colon.^{1,3} The anatomic division of the duodenum and the jejunum by the Treitz ligament division separates the upper and lower gastrointestinal tract, thereby classifying the bleeding as upper or lower.¹⁻³

Bleeding Presentation

Clinical presentation of gastrointestinal bleeding includes

- Hematemesis: Vomiting of red or coffee brown appearance
- Melena: Passage of black, tarry stools
- Occult-blood in stool: Not visible to the naked eye; detected by performing a laboratory test on a stool specimen
- Hematochezia: Passage of fresh blood per anus in stools.^{2,3}

Common Disorders Associated with Acute Gastrointestinal Bleeding

Gastrointestinal bleeding is a common emergency ranging from acute hemorrhage, triggering the need for resuscitation of the patient with immediate management of hypovolemia, to acute bleeding that stops spontaneously.³ The frontline nurse needs to be alert to patient change in condition, such as sudden hemorrhage or rebleed that is life-threatening, requiring a medical emergency response. The frontline nurse needs to acquire self-efficacy clinical skills in managing acute gastrointestinal bleeding. Early intervention by the frontline nurse can prevent serious complications, including death.

Common upper gastrointestinal bleeding disorders

Acute upper gastrointestinal bleeding is from the esophagus, stomach, or duodenum. Upper gastrointestinal bleeding can be classified by the anatomic and pathophysiologic factors that lead to a bleeding disorder. These 3 pathogenic causes are ulcerative erosive lesions, complications of portal hypertension, and vascular lesions.¹⁻³ Common causes of acute upper gastrointestinal bleeding include

- Peptic ulcer: The most common cause for upper gastrointestinal bleeding, it is associated with acute bleeding due to anatomic position to major arteries. This erosive disorder is associated with *Helicobacter pylori* infection, stress, aspirin, and nonsteroidal antiinflammatory drugs (NSAIDs).³⁻⁵
- Esophageal varices: This disorder is associated with portal hypertension due to liver disease. Causative factors of liver disease include excessive alcohol and hepatitis.³
- Malignancy: A common cause is adenocarcinoma of the stomach and gastric lymphoma. Bleeding occurs with ulceration of the mucosal surface.³

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