GI Bleeding, Liver Failure and Pancreatitis

Upper GI and variceal bleeding, encephalopathy, SBP, acute liver failure and pancreatitis

UPPER GI BLEEDING

- Two large-bore IVs, type and crossmatch; protect the airway if vomiting blood or obtunded
- Transfuse at Hgb under 7 g/dL (about 8 with heart disease); overtransfusion raises rebleeding
- IV PPI; after endoscopy for high-risk ulcers, high-dose PPI for 72 h
- Endoscopy within 24 h of presentation; erythromycin 250 mg IV beforehand clears the stomach
- Glasgow-Blatchford score 0–1: low risk

VARICEAL BLEED (CIRRHOSIS)	DO
Vasoactive drug	Octreotide as soon as suspected, 2–5 days
Antibiotic	Ceftriaxone 1 g/day, up to 7 days
Endoscopy	Within 12 h: band ligation
High risk (Child C, or B with active bleeding)	Pre-emptive TIPS within 72 h
Uncontrolled	Balloon tamponade as a bridge; intubate first

EXAM TIP Exams test octreotide plus antibiotics for varices, and a restrictive Hgb goal of 7–8: more blood raises portal pressure.

CIRRHOSIS AND LIVER FAILURE

PROBLEM	CLUES	TREATMENT
Hepatic encephalopathy	Confusion, asterixis; find the trigger	Lactulose to 2–3 soft stools a day; add rifaximin
Spontaneous bacterial peritonitis	Ascitic neutrophils 250/mm³ or more	Ceftriaxone or cefotaxime plus albumin (day 1 and 3)
Large paracentesis	Over 5 L removed	Albumin 6–8 g per liter removed
Hepatorenal syndrome	Rising creatinine despite albumin	Albumin plus terlipressin or norepinephrine

Encephalopathy triggers: GI bleeding, infection, low K, constipation, sedatives, dehydration.

Acute liver failure: INR 1.5 or more plus encephalopathy in a patient without cirrhosis. Acetaminophen is the top US cause: give acetylcysteine (also helps other causes). Call a transplant center early; check glucose often; ammonia over 150–200 raises cerebral edema risk (HOB 30°, sodium 145–155).

SAFETY Acetaminophen overdose: start acetylcysteine without waiting for symptoms; the liver injury peaks at 72–96 h.

ACUTE PANCREATITIS

- Diagnosis: 2 of 3 — typical epigastric pain to the back, lipase over 3 times normal, imaging
- Causes: gallstones, alcohol, triglycerides over 1,000 mg/dL, high calcium, after ERCP, drugs
- Fluids: moderate, goal-directed lactated Ringer's; aggressive fluids caused overload without benefit (WATERFALL)
- Feed by mouth early as tolerated; enteral beats parenteral
- No prophylactic antibiotics for sterile necrosis
- Severe = organ failure lasting over 48 h (revised Atlanta)

SAFETY Watch for ARDS, low calcium (Chvostek, Trousseau), and abdominal compartment syndrome: bladder pressure over 20 mm Hg with new organ failure.

Sources (7) are listed with links at icubasics.com/sheets/gi-liver.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. ICU Basics is an independent study aid not affiliated with any certifying body.