

SAQ 6

A 72yr old male presents to your Emergency Department following an episode of bright red rectal bleeding. He estimates he lost a cup of blood and felt dizzy during the episode. His medications include rivaroxaban, nifedipine, metoprolol and frusemide.

Vital signs:

HR 50

Sats 95% RA

BP 90/60

Temp 36.2 °C

RR 22

a. List 5 potential causes of his rectal bleed (5 Marks)

Diverticulosis

Angiodysplasia

Ischaemic colitis

Infective colitis

Malignancy

Haemorrhoids

Anal fissure / fistula

Inflammatory bowel disease

Post-polypectomy / post-surgical

HIV / AIDs

Rectal trauma

Aortoenteric fistula

Radiation-induced colitis

Drug related - NSAIDs, Steroids, Anti-coagulants

Meckel's diverticulum

Rectal varices

Upper GI bleeding

b. Outline your management of this patient (5 Marks)

1 Mark for key points under each major heading:

- *Area*
 - *Resuscitation bay*
- *Staff*
 - *Urgent liaison with Surgical team (Hypotensive, beta-blocked and anti-coagulated) & Haematology (NOC Reversal) +/- Interventional radiology*
- *Resuscitation*
 - *Large bore iv access*
 - *Early blood products - major haemorrhage pack +/- ROTEM*
 - *Aim BP ~100 systolic MAP 65 (may require higher given likely hypertension)*
- *Specific*
 - *Correct coagulopathy - haematology advice given NOC*
 - *Unstable pt - angiography +/- OT - depend on local resources*
- *Supportive*
 - *NBM*
 - *iv ab's if infective precipitant*
 - *IDC*
- *Disposition*
 - *May need to escort to angio-suite - additional staff & plan for transfer*
 - *Gen surg admission*
 - *HDU likely*

Answer taken from *Textbook of Adult Emergency Medicine, Cameron, 4th Edition, Chp 7.13 Rectal bleeding.*