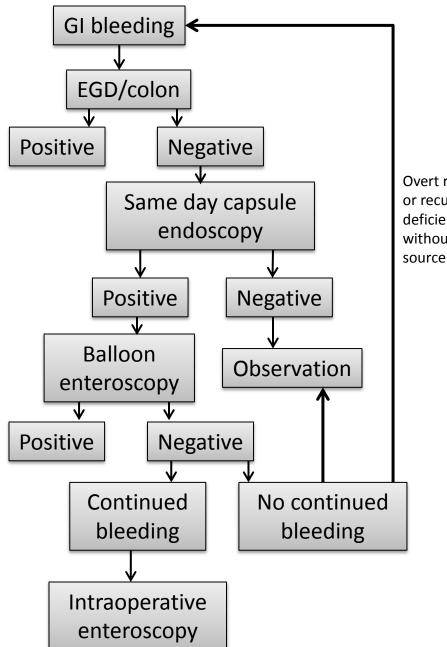
LVAD GI bleeding algorithm



Overt re-bleeding or recurrent iron deficiency anemia without other

- Expedite GI work-up as much as possible
- Coordinate EGD, colonoscopy, and capsule endoscopy to be done on same day whenever possible
- Cardiology team to coordinate inpatient bowel prep using ORCA Bowel Prep Power Plan
- Endoscopic evaluation to be done at therapeutic INR
 - Risks of withholding anticoagulation in this patient population
 - Potential for higher diagnostic yield
- Endoscopic procedures to be done as inpatients due to anticoagulation and preparation issues
- For occult bleeding/iron deficiency anemia, if negative initial work-up and not requiring blood transfusions, then supportive care with oral or IV iron supplementation
- If clinical re-bleeding requiring hospitalization occurs after negative initial work-up, begin repeat evaluation
- FOBT is <u>not</u> indicated in this patient population for evaluation of clinically suspected bleeding or anemia