A 38-year-old man presented to the ER following an acute onset of hematemesis. He denies any prior comorbidities but has a history of drinking 6 beers most days of the week for years. On physical exam, he is afebrile, his blood pressure is 95/60, pulse 110, respiratory rate 10 per minute. His labs are significant for a hemoglobin of 9.5, BUN 53, creatinine 1.35, AST 115, ALT 65, alkaline phosphatase 135, bilirubin 1.8. Platelet 110.

What is your next step in management?

A. Start an IV PPI, IV fluids, and schedule for an EGD.
B. Start an IV PPI, octreotide, ceftriaxone, and schedule for an EGD.
C. Start IV fluids, get an abdomen/pelvis CT and schedule for an EGD.
D. Start an IV PPI, an abdominal ultrasound and schedule for an EGD.

Answer: B
This patient has presumed suspected cirrhosis. Short-term antibiotic prophylaxis (no more than 7 days) should be given to any patient with cirrhosis and GI hemorrhage. Vasoactive drugs (such as octreotide) should be started as soon as variceal bleeding is suspected and upper endoscopy should be performed within 12 hours of admission once hemodynamically stable.