DOSES BELOW

Acute variceal bleeding in a transplant candidate

START HERE · Activate endoscopy and resuscitate
In suspected variceal hemorrhage, start a vasoactive agent and empiric antibiotic coverage promptly. Assess airway risk and perfusion.

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What is the next hemostatic step?

Initial endoscopic control →	Protect the airway if needed. After initial resuscitation, scope within 12 h of presentation, as soon as possible if unstable. Band esophageal varices and treat gastric varices by site.
Index bleeding controlled, high-risk criteria met →	Discuss preemptive TIPS within 72 h, ideally <24 h. For esophageal/GOV1 bleeding: Child–Pugh C 10–13, B ≥8 with active bleeding, or HVPG ≥20 mmHg.
Persistent or recurrent bleeding despite treatment →	Call for rescue TIPS or a center-specific alternative. Use a bridge only with a defined definitive pathway.

DOSE AND ADMINISTRATION

Octreotide · vasoactive option Guideline	**Octreotide 50 micrograms IV bolus, then 25-50 micrograms/h IV. Usual course 2-5 days or until indicated TIPS.** [54] [55]
Terlipressin · Chilean product option Product or evidence specific	**Everpressin 1 mg/5 mL (Chile), initial acetate dose IV over 1 min: <50 kg, 1 mg; 50–70 kg, 1.5 mg; >70 kg, 2 mg. May reduce to 1 mg IV every 4–6 h. Limit to 2–3 days. Approx. maximum 120 micrograms/kg per day.** [54] [56]
Ceftriaxone · antibiotic example Guideline	**AASLD example: ceftriaxone 1 g IV every 24 h for up to 5 days. Reassess after bleeding control and if infection is present.** [54] [55]
Red cells · stable patient target Guideline	**Restrictive red-cell strategy. In stable patients, aim for hemoglobin about 7-8 g/dL. Individualize for shock, ongoing bleeding and cardiac disease.** [54] [55]

Reassess and escalate · Reassess bleeding and perfusion, drug adverse effects and antibiotic need. Individualize transfusion during shock.

Clinical scope · Choose one portal vasoactive drug. Adapt resuscitation and antibiotics to the patient. Cardiofundal gastric varices have a separate endoscopic and radiologic pathway. TIPS is a transjugular intrahepatic portosystemic shunt.

Sources [54] Baveno VIII 2026 • [55] AASLD varices 2024 • [56] ISP Chile Everpressin