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1. [Gastroenterology](#). 2009 Dec;137(6):2161-7.

Position statement: Nonanesthesiologist administration of propofol for GI endoscopy.

[Vargo JJ](#), [Cohen LB](#), [Rex DK](#), [Kwo PY](#); [American Association for the Study of Liver Diseases](#); [American College of Gastroenterology](#); [American Gastroenterological Association](#); [American Society for Gastrointestinal Endoscopy](#).

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PMID: 19961989 [PubMed - indexed for MEDLINE]

[Publication Types, MeSH Terms, Substances](#)

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ELSEVIER
FULL-TEXT ARTICLE

Related articles

- [Review](#) A nursing perspective on sedation and nurse-administered propofol for endoscopy.

Gastrointest Endosc Clin N Am. 2004 Apr; 14(2):325-33.

[Gastrointest Endosc Clin N Am. 2004]

- [Propofol for ICU sedation.](#)

Chest. 1996 Apr; 109(4):1128.

[Chest. 1996]

- [Propofol sedation during endoscopic procedures in private practice: the case for capnography to make 1-nurse endoscopy acceptable.](#)

Gastrointest Endosc. 2008 May; 67(6):1008.

[Gastrointest Endosc. 2008]

- [Progression of asymptomatic bifascicular block to complete heart block during upper gastrointestinal endoscopy with propofol sedation.](#)

Can J Anaesth. 2009 Jan; 56(1):83-4. Epub 2008 Dec 19.

[Can J Anaesth. 2009]

- [Review Sedation for gastrointestinal endoscopy: the changing landscape.](#)

Curr Opin Anaesthesiol. 2007 Aug; 20(4):359-64.

[Curr Opin Anaesthesiol. 2007]

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- [Substance \(MeSH Keyword\)](#)

PubChem chemical substance (submitted) records that are classified under the same Medical Subject Headings (MeSH) controlled vocabulary as the current articles.

2. Am Fam Physician. 2009 Nov 1;80(9):977-83.

[Diverticular bleeding.](#)

[Wilkins T](#), [Baird C](#), [Pearson AN](#), [Schade RR](#).

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Diverticular bleeding is a common cause of lower gastrointestinal hemorrhage. Patients typically present with massive and painless rectal hemorrhage. If bleeding is severe, initial resuscitative measures should include airway maintenance and oxygen supplementation, followed by measurement of hemoglobin and hematocrit levels, and blood typing and crossmatching. Patients may need intravenous fluid resuscitation with normal saline or lactated Ringer's solution, followed by transfusion of packed red blood cells in the event of ongoing bleeding. Diverticular hemorrhage resolves spontaneously in approximately 80 percent of patients. If there is severe bleeding or significant comorbidities, patients should be admitted to the intensive care unit. The recommended initial diagnostic test is colonoscopy, performed within 12 to 48 hours of presentation and after a rapid bowel preparation with polyethylene glycol solutions. If the bleeding source is identified by colonoscopy, endoscopic therapeutic maneuvers can be performed. These may include injection with epinephrine or electrocautery therapy. If the bleeding source is not identified, radionuclide imaging (i.e., technetium-99m-tagged red blood cell scan) should be performed, usually followed by arteriography. For ongoing

diverticular hemorrhage, other therapeutic modalities such as selective embolization, intra-arterial vasopressin infusion, or surgery, should be considered.

PMID: 19873964 [PubMed - indexed for MEDLINE]

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Publication Types:

- Review

MeSH Terms:

- Angiography
- Colonoscopy
- Diagnosis, Differential
- Diverticulum, Colon/diagnosis*
- Diverticulum, Colon/therapy*
- Gastrointestinal Hemorrhage/diagnosis*
- Gastrointestinal Hemorrhage/therapy*
- Humans