Gi bleed

**UPPER GI BLEED** = Haematemesis (vomiting blood)
+/- Melaena (offensive, black tarry stools) = MEDICAL (Gastro)

**NOTE** - A massive upper GI bleed can manifest as bright red blood PR

If any of the following RED FLAG presentations:
- History of alcoholism
- Known oesophageal varices
- Patient on anticoagulants
- Abnormal vital signs (HR >100, BP <100mmhg systolic)
  NB Bblocked patients will not always be tachycardic

**LOWER GI BLEED** = Bright red blood per rectum = SURGICAL

If any of the following RED FLAG presentations:
- Patient on anticoagulants
- Abnormal vital signs (HR >100, BP <100mmhg systolic)
  NB Bblocked patients will not always be tachycardic

1) Fully undress, apply a gown and wrist band

2) Record vital signs: BP, HR, RR, SpO₂, Temp, GCS, BM
   Commence Observation Chart and Early Warning Score - follow ED escalation plan

4) Cannulate and complete VIPS
   NOTE - A small amount of PR blood loss with normal vitals does not warrant IV cannula

5) Bloods: **UPPER GI BLEED**: FBC, UE, LFTs, Clotting Screen, G+S, VBG
   **LOWER GI BLEED**: FBC, UE, G+S
   NOTE - not ALL patients will need G+S (needed if likely to be admitted, clinically unstable, patient looks anaemic, patient anti-coagulated, history of severe bleed)

6) Perform pain score and give analgesia as needed

7) Keep NBM

Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS

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