

ED Management of Acute Upper Gastro-Intestinal Bleeding

Incorporating NICE Clinical Guidelines 141 (Updated April 2015) and 174

First Name	M/F	Date	Time presented
Last Name	Clinician Name.....		Time seen by Dr/ANP
Address			
Hospital Number RXR.....		NHS Number	
GP.....	Religion.....	Telephone No	

	ACTION	DONE	COMMENTS	TIME
All Patients	Triage, EWS and Stream: Shocked AND/OR Actively Bleeding > Resus Not Shocked AND Not Actively Bleeding > Majors		Initial BP: / Initial HR: EWS:	
	Bloods: FBC, U&E, LFT, Coagulation Screen, VBG, G&S			
	Large Bore IV Access			
	Consider Fluid Resuscitation using balanced crystalloid			
	Do Not Transfuse Blood unless Hb <7g/dl (<9g/dl in setting of unstable coronary artery disease)		Hb:	
	Complete Risk Assessment using Blatchford Score (See Over)		Blatchford Score:	
	Blatchford Score 0 or 1, Bloods NAD > Go to Exclusion Criteria Box 2			
	Blatchford Score >1, Exclusion Criteria or other reason for admission admit to MAU			

Shocked AND/OR Actively Bleeding	Seek ED Consultant / Middle Grade Assistance			
	Large Bore IV Access x 2			
	Consider Fluid Resuscitation using balanced crystalloid such as Plasmalyte while awaiting blood for transfusion			
	Cross-Match 6 Units Packed Red Cells OR initiate Massive Haemorrhage Protocol as appropriate		X-match 6 units <input type="checkbox"/> MHP <input type="checkbox"/>	
	Refer to Medical Registrar to facilitate urgent Gastroscopy (where appropriate) following OPTIMAL Resuscitation		Ref'd to Med Reg @: 00:00	
	Actively Bleeding and Platelet count < 50: Offer platelet transfusion		Platelets:	
	Actively Bleeding and PT or INR or APTT >1.5 times normal: Offer Fresh Frozen Plasma			
Actively Bleeding and Patient on WARFARIN: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes offer Prothrombin Complex Concentrate				

VARICEAL BLEEDING	<i>IN SUSPECTED VARICEAL BLEEDING</i>			
	Provide Antibiotics as per Antimicrobial Guidelines Offer Terlipressin			

NOTE: DO NOT offer acid suppression before endoscopy to patients with suspected non-variceal upper GI bleeding.

NOTE: DO NOT offer platelet transfusion to patients who are not actively bleeding and are haemodynamically stable.

Box 1: Blatchford Score		
Risk Factor	Parameter	Score
Systolic Blood Pressure (mmHg)	100-109	1
	90-99	2
	<90	3
Pulse (beats per minute)	>100	1
Melaena	Present	1
Syncope	Present	2
Comorbidity	Hepatic Disease	2
	Cardiac Failure	2
Blood Urea (mmol-L)	6.5-7.9	2
	8.0-9.9	3
	10.0-24.9	4
	>25.0	6
Haemoglobin (g/L)	Men: 120-130	1
	Women: 100-120	1
	Men: 100-120	3
	Men AND Women: <100	6
TOTAL SCORE:		

Box 2: Exclusion Criteria <input checked="" type="checkbox"/>	
Other reason for admission	<input type="checkbox"/>
On Warfarin	<input type="checkbox"/>
Past Hx of Varices	<input type="checkbox"/>
Age > 70 years	<input type="checkbox"/>
Lives alone	<input type="checkbox"/>
No telephone	<input type="checkbox"/>
Active Vomiting	<input type="checkbox"/>
<input checked="" type="checkbox"/> to ANY CRITERIA EXCLUDES PATIENT FROM OUTPATIENT MANAGEMENT > ADMIT <input type="checkbox"/>	

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 East Lancashire Hospitals **NHS**
 NHS Trust

<input checked="" type="checkbox"/>	
Blatchford Score 0 or 1, Bloods NAD and No Exclusion Criteria	
Ensure patient has adequate social support and is able to attend outpatient gastroscopy and Ambulatory Follow-up. (Advise regarding use of PTS).	<input type="checkbox"/>
Write 'For Ambulatory Care Gastroscopy Referral and Follow-Up' on back of ED notes.	<input type="checkbox"/>
Contact Ambulatory Care / MAU Out of Hours for appointment.	<input type="checkbox"/>
Discuss plan with patient and (where appropriate) relatives and carers, and provide safety-netting advice.	<input type="checkbox"/>
Where Relevant:	
Advise to continue low-dose aspirin for secondary prevention of vascular events.	<input type="checkbox"/>
Discuss risks and benefits of continuation of clopidogrel with appropriate Specialist (Cardiology/Stroke) or ED Consultant & discuss with Patient. Discussed with..... Patient advised to:	<input type="checkbox"/>
Advise to stop other NSAIDs and discuss this with Consultant after gastroscopy.	<input type="checkbox"/>
All above must be completed prior to discharge	