

# Low risk upper GI bleeding pathway

## Background

Low risk upper GI bleeding may be safely managed without an emergency admission to NUH following presentation to the ED. NUH uses the Glasgow Blatchford score (GBS) to help predict the need for intervention (such as transfusion or surgery), death and or endoscopic therapy. A GBS of 0 has >99% sensitivity in the identification of those patients who do not require intervention, endoscopic therapy or die following presentation with suspected upper GI bleeding.

## Management of low risk upper GI bleeding presenting to the ED

Patients presenting to the ED with suspected upper GI bleeding and are assessed to be low risk (including having a GBS 0) may be safely discharged from the ED and brought back for an urgent outpatient OGD. The OGD appointment will be the next day except for patients seen on Friday and Saturday – these patients will have their OGD on Monday.

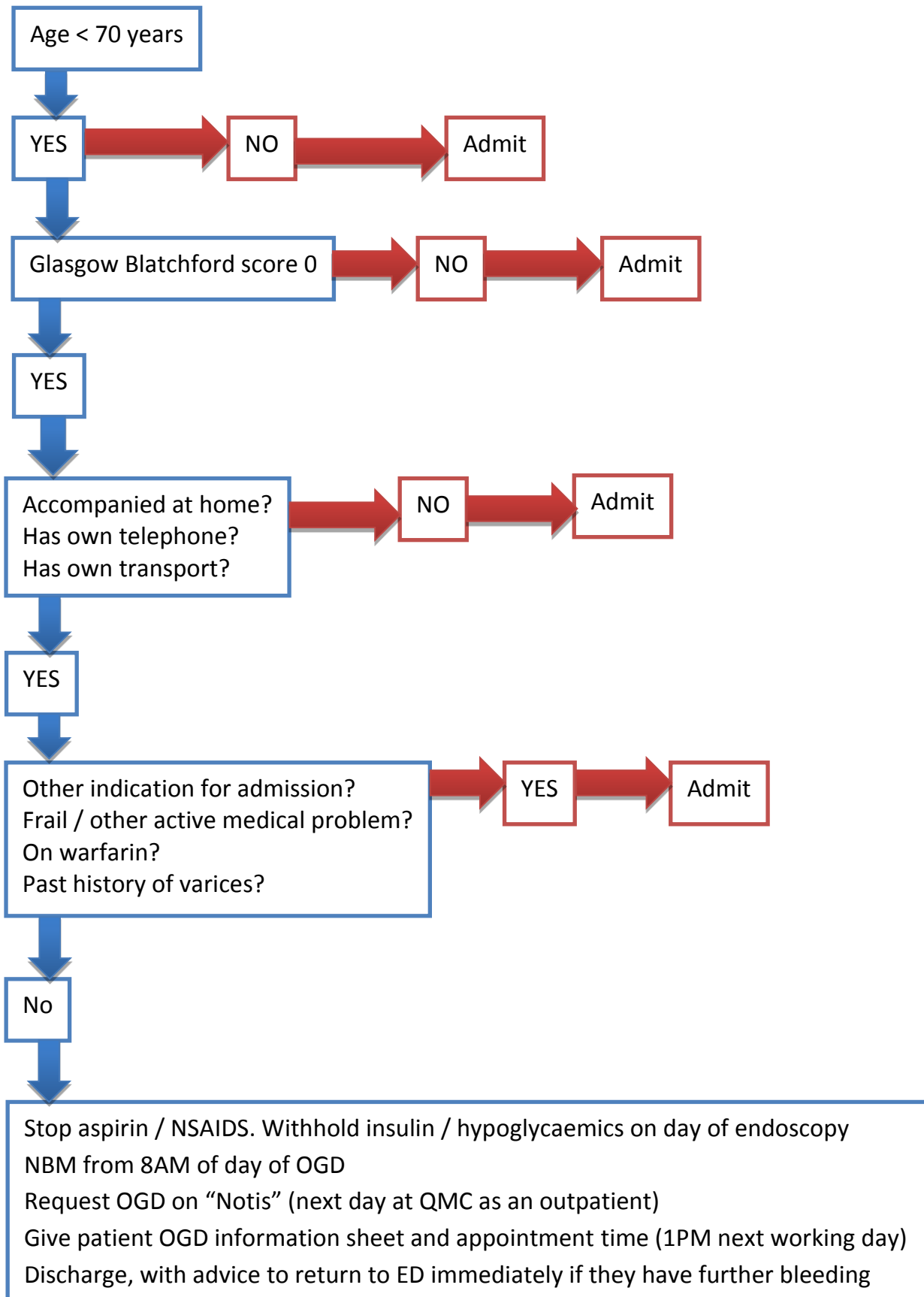
Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> <li>• Age &lt; 70 years</li> <li>• Glasgow Blatchford score 0</li> </ul>	<ul style="list-style-type: none"> <li>• Unaccompanied at home</li> <li>• No telephone at home</li> <li>• No transport</li> <li>• Other indication for admission</li> <li>• Frailty and or other active medical problems</li> <li>• On warfarin</li> <li>• Past history of varices</li> </ul>

If you assess a patient in the ED who meets these inclusion criteria then:

1. Complete Notis endoscopy request form, requesting next day out-patient endoscopy at QMC.
2. Provide patient with:
  - i) OGD information sheet
  - ii) QMC Endoscopy map
  - iii) OGD appointment details: 1pm next day or for those patients seen on Friday or Saturday will have Monday 1pm appointment
3. Advise patient to discontinue aspirin / NSAIDs. No insulin or oral hypoglycaemic drugs to be taken on the day of the endoscopy.
4. Advise patient to be nil by mouth from 8AM on the day
5. Allow patient home with clear instructions to return immediately to the ED if they have any further evidence of GI blood loss or become unwell at home for any other reason.

**If you are uncertain whether or not the patient is suitable for this outpatient pathway, please discuss with the on-call gastroenterology registrar (bleep 784-1170 Monday to Friday 8AM – 5PM, contact via switch outside these hours).**

## Management plan for low risk upper GI bleeding presenting to the ED



## Glasgow Blatchford Score

Admission risk marker	Patient result	Score
<b>Blood urea (mmol/l)</b> <6.5 ≥6.5<8.0 ≥8.0<10.0 ≥10.0<25.0 ≥25.0		0 2 3 4 6
<b>Hb (g/dL) for men</b> >13 ≥12<13 ≥10<12 <10		0 1 3 6
<b>Hb (g/dL) for women</b> >12 ≥10<12 <10		0 1 6
<b>Systolic BP (mmHg)</b> >109 100-109 90-99 <90		0 1 2 3
Pulse ≥100bpm		1
Presentation with melaena		1
Presentation with syncope		2
Hepatic disease		2
Cardiac failure		2

## Other criteria

Age < 70 years	Yes / No
Accompanied at home	Yes / No
Telephone at home	Yes / No
Own transport	Yes / No
Not on warfarin	Yes / No
No past history of varices	Yes / No

**If the patient has Glasgow Blatchford score 0 and all the answers to 'Other Criteria' is yes with no other reason for admission then the patient can be discharged home for next working day OGD.**

**Name of doctor:**

**CISCO telephone:**

**Date:**

Patient surname:  
Patient forename:  
Patient date of birth:  
Hospital number:

The clinical assessment and tests we have performed indicate that the potential bleeding from your stomach is minor. From previous experience we feel it is best if your case is now managed on an outpatient basis and we will now allow you to go home.

We have arranged for you to have an inspection of your stomach with a camera (endoscopy) on:

Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: 1PM

in the Endoscopy Unit, D Floor, South Block, QMC

You must not eat or drink anything after 8AM on the day of your endoscopy.

If you take aspirin or anti-inflammatory drugs please do NOT take these until you are advised otherwise.

No alcohol between now and after your endoscopy.

If you are diabetic, do NOT take your normal insulin or diabetes tablets on the morning of your endoscopy.

Please bring a list of your normal medication with you when you come for your endoscopy.

If you experience any of the following symptoms prior to this appointment it is very important that you come back to hospital immediately:-

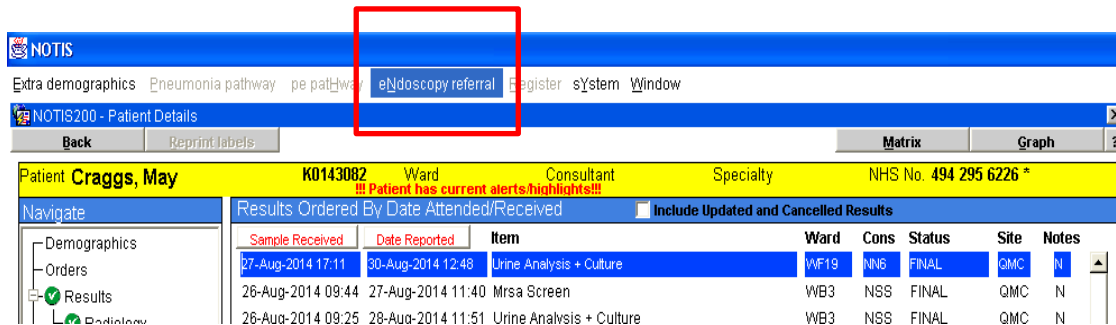
- black tarry stool
- fresh blood in vomit
- fainting

**If you choose to have sedation for your endoscopy it is essential that there is someone who can take you home afterwards and stay with you for 24 hours.**

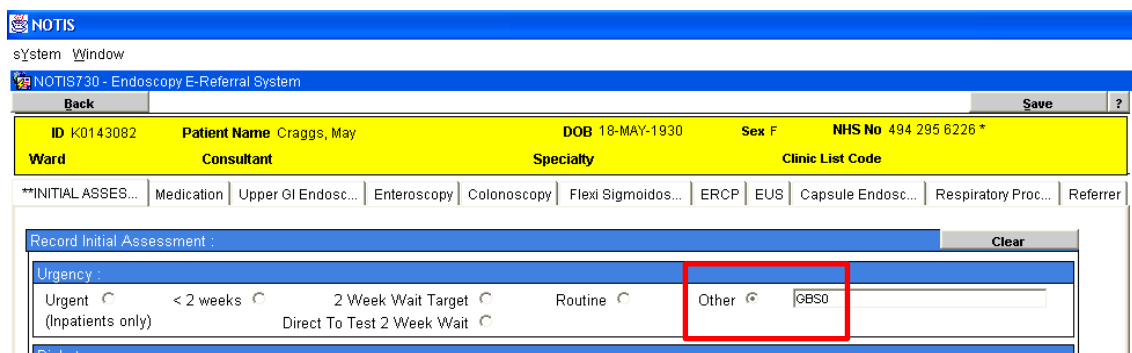
**NOTE: IF, FOR ANY REASON, YOU ARE UNABLE TO KEEP YOUR ENDOSCOPY APPOINTMENT, PLEASE TELEPHONE 0115 9249924 Extension 67267 AND LEAVE A MESSAGE**

## How to organise OGD for low-risk upper GI bleeding presenting to the ED

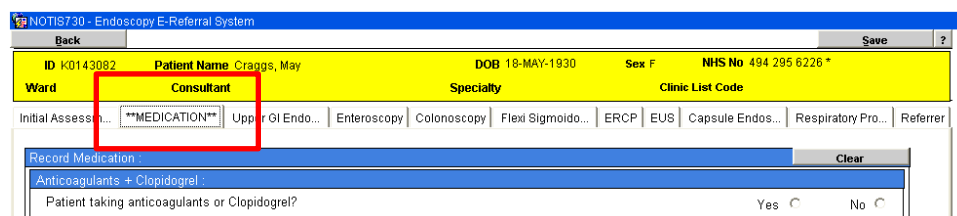
1. Using NOTIS, select the patient that you wish to organise the OGD for low-risk upper GI bleeding from the ED bedstate.
2. Click on “Endoscopy referral”



3. Click on “Other” and write “GBS0” in the box on the first screen that appears



4. Complete each question e.g. “is your patient diabetic?” on this “Initial assessment” page
5. Click on “Medication” page and complete each question on this page



6. Click on “Upper GI endoscopy” page. Enter “QMC Campus” for the Examination Site and “Outpatient” for Inpatient/Outpatient question. This will result in an automated message appearing “Only refer Low Risk GI Bleed etc” to which you click “OK”. Click “GI Bleed” as indication for the OGD, record the Glasgow Blatchford Score, enter the pulse rate and haemoglobin and select the mode of presentation [melaena, haematemesis or obscure bleeding].

NOTIS730 - Endoscopy E-Referral System

Back Save ?

ID K0143082 Patient Name Craggs, May DOB 18-MAY-1930 Sex F NHS No 494 295 6226 \*

Ward Consultant Specialty Clinic List Code

Initial Assessment Medication \*\*UPPER GI END... Enteroscopy Colonoscopy Flexi Sigmoidosc... ERCP EUS Capsule Endosc... Respiratory Proc... Referrer

Record Upper GI Endoscopy Details:

Dysphagia  Heartburn  Examination Site GMC Campus

Dyspepsia  Atypical Chest Pain  Inpatient/Outpatient Outpatient

Weight Loss  Possible Malabsorption

Abdominal Pain  Nausea/Vomiting

PEG  Anaemia

NJ Tube  D2 Biopsies

Barrett's  Ulcer F/U

Varices  Tumour Therapy

Stent  Dilatation

EMR

FAP Surveillance

Acute PR Bleeding:  Glasgow Blatchford Score f (g/L)

R/O UGI cause:  Rate

Other:

Comments:

Relevant medical conditions:

10574 Only refer Low Risk GI Bleed ED discharges (ie GBS score=0) for OGD as an Outpatient at GMC for next working day at 13:00. Other routine Outpatient referrals need to be sent to NCHT or NTC

7. Click on "Referrer" page. Enter referring clinician details.

system window

NOTIS730 - Endoscopy E-Referral System

Back Save ?

ID K0143082 Patient Name Craggs, May DOB 18-MAY-1930 Sex F NHS No 494 295 6226 \*

Ward Consultant Specialty Clinic List Code

Initial Assessm... Medication Upper GI Endo... Enteroscopy Colonoscopy Flexi Sigmoido... ERCP EUS Capsule Endo... Respiratory P... \*\*REFERRER\*\*

Record Referrer Details:

Name of Referrer NINA LEWIS

Job Title of Referrer CONSULTANT GASTROENTEROLOGIST

Contact/Bleep number 780-5679

Please Note that if this form is incomplete the referral will be rejected and sent back.

8. Click on save at the top of the "Referrer" page. Enter "AUJ" as Consultant, "GASTRO" as Specialty and click on "QMC" as where the request is for.

NOTIS300 - Place order

Back Save ?

Outpatient

Order Set NOTIS620 - Select Consultant and Specialty, Clinic, or Pathway

Order Set

Clinical Details

Item

Outpatient Appointments

Consultant	Specialty	Site Code	Appointment Date	Clinic List Code
CARDIO - 07		NCHT	08-OCT-2015 14:30	PMC42

Where is the request for?  NCHT  City  QMC

Consultant AUJ Dr A Jawhari

Specialty GASTRO

T&O only

Ok