

**Acute Upper GI bleed request form**

**DATE & TIME OF ADMISSION DATE:**       **TIME:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Consultant |  |
| DOB |  | Requesting Dr |  |
| AGE |  | Bleep no. |  |
| Hospital no. |  | Date |  |
| Ward |  |  |  |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required?: | Yes |  | No |  | Wheelchair access required? | Yes |  | No |  |
| Language: |  | | | | Learning Disability: |  | | | |
| Hearing: |  | | | | Other disability needing consideration: |  | | | |
| Vision: |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Military Service Person |  | Military Veteran |  | Member of Military Family |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Coffee grounds | ml | | | | | | Diabetic | | Yes | | |  | | | | No | |  |
| Fresh blood | ml | | | | | | Signs of Liver disease | | Yes | | |  | | | | No | |  |
| Melaena | Yes |  | No | |  | | Co-morbidity: | | | | | | | | | | | |
| Group & Save (Mandatory) | Yes |  | | | | |
| Hb |  | | | | | |
| Platelets |  | | | | | |
| MCV |  | | | | | |
| INR |  | | | | | |
| Creatinine |  | | | | | | ANTICOAGULATION  TYPE: | Yes | |  | | | | | No | |  | |
| Urea |  | | | | | |  | | | | | | | | | | |
| BP lying |  | | | | | | Aspirin | Yes | | |  | | | No | | |  | |
| BP standing |  | | | | | | NSAIDs | Yes | | |  | | | No | | |  | |
| CVP if known |  | | | | | | Previous OGD result |  | | | | | | | | | | |
| For attempted resuscitation | Yes |  | | No | |  | MRSA status if known | Positive | | |  | | Negative | | | |  | |

|  |  |
| --- | --- |
| RISK ASSESSMENT | |
| ROCKALL SCORE (see reverse) |  |
| BLATCHFORD SCORE (see reverse) |  |

BLATCHFORD SCORE 0 Consider discharge and book urgent outpatient gastroscopy

**ALL INPATIENTS SHOULD BE CONSENTED ON THE WARD IF POSSIBLE**

**IF REQUIRED, CONSENT FORM 4 MUST BE COMPLETED BY REFERING TEAM**

This case has been discussed with the following member of the GASTRO TEAM

Name…………………………………… Signature if reviewed Patient……………………………………………

**BLATCHFORD SCORE**

|  |  |
| --- | --- |
| Admission Parameter | Score value |
| **UREA (mg/dL)**  ≥6.5 to <8.0  ≥8.0 to <10.0  ≥10.0 to <25.0  ≥25.0 | 2  3  4  6 |
| **Haemoglobin (g/dL)**  men  ≥ 12.0 to 13  ≥10.0 to <12.0  <10.0  women  ≥10.0 to <12.0  <10.0 | 1  3  6  1  6 |
| Systolic BP (mmHg)  100 to 109  90 to 99  <90 | 1  2  3 |
| Other parameters  Pulse >100 bmp  Melaena at presentation  Syncope  Hepatic disease  Cardiac failure | 1  1  2  2  2 |
| TOTAL SCORE |  |

**ROCKALL SCORE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **0** | **1** | **2** | **3** |
| **Age** | <60 | 60-79 | >80 |  |
| **Shock** | Systolic >100  Pulse <100 | Systolic >100  Pulse >100 | Systolic <100 |  |
| **Co-morbidity** | None |  | Heart Failure  IHD  Major Co-morbidity | Renal failure  Liver failure  Disseminated Malignancy |

(Maximum score 7)