Modified Acute Upper GI Bleeding bundle

Salisbury NHS Foundation Trust

Patient details/Label
Name:
D.O.B:
Hospital No.:
Date:

Recognition

If reported or evidence of:
Haematemesis, melaena or coffee ground vomiting

Haemodynamic instability? Activate major haemorrhage protocol + contact on-call Gastroenterologist +/- ITU review

Resuscitation

Y/N

NEWS2 ☐

IV crystalloid ☐

Transfuse if Hb <70g/L (target 80 or >100g/L in IHD) ☐

Contact Gastroenterology SpR or Consultant 0900-1700/ on-call Gastro Cons (OOH via On-call Med Cons) if BP< 90mmHg systolic or heart rate >100 ☐

Endoscopy in under resuscitated patients carries a high mortality

Risk assessment

Calculate Glasgow Blatchford Score
Consider discharge if GBS 0 or 1 for urgent outpatient OGD

Blood urea (mmol/L)		**Systolic BP (mm Hg)**	
6.5 – 8.0	2	100 – 109	1
8.0 – 10.0	3	90 – 99	2
10.0 – 25	4	<90	3
>25	6	**Other features:**	
Haemoglobin (g/L) for men		Pulse >100 bpm	1
120 – 129	1	Melaena	1
100 – 119	3	Syncope	2
<100	6	Cardiac failure	2
Haemoglobin (g/L) for women		Hepatic disease	2
100 – 119	1	**TOTAL**	
<100	6		

Rx

History or stigmata of liver disease, cirrhosis or suspected variceal bleed:

- Ceftriaxone 2g IV OD (Levofloxacin 500mg IV OD if penicillin allergy) ☐
- Terlipressin 2mg QDS ☐
- Add BASL decompensated cirrhosis care bundle ☐

NBM until endoscopy and ensure G+S/Cross match

Continue low dose aspirin 75mg OD

Suspend antithrombotics incl. antiplatelets, anticoagulants and VTE prophylaxis ☐

Omeprazole 80mg IV loading dose over 45 minutes, followed by a continuous 8mg/hour infusion for 72 hours (starting pre-endoscopy) ☐

Reversal of warfarin/DOAC refer to massive haemorrhage policy ☐

Refer

Endoscopy within 24hrs of presentation ☐

- Book Acute GI bleed (emergency) on Review if stable ☐

Gastroenterology SpR or Consultant review ☐

Review

Review endoscopy report + Rebleed plan ☐

Antithrombotic plan ☐

*****Unstable patients despite fluid resuscitation will require OGD in theatres in hours or OOH call ITU and Gastro Consultant*****