

**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 | 2346 |
| **Haemoglobin (g/dL)**men≥ 12.0 to 13≥10.0 to <12.0<10.0women≥10.0 to <12.0<10.0 | 13616 |
| Systolic BP (mmHg)100 to 10990 to 99<90 | 123 |
| Other parametersPulse >100 bmpMelaena at presentationSyncopeHepatic diseaseCardiac failure | 11222 |
| TOTAL SCORE |       |

**ROCKALL SCORE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **0** | **1** | **2** | **3** |
| **Age** | <60 | 60-79 | >80 |  |
| **Shock** | Systolic >100Pulse <100 | Systolic >100Pulse >100 | Systolic <100 |  |
| **Co-morbidity** | None |  | Heart FailureIHDMajor Co-morbidity | Renal failureLiver failureDisseminated Malignancy |

 (Maximum score 7)