**Initial Assessment & Treatment**

Date Time

**This ambulatory pathway is to be used for patients with suspected mild upper GI bleeding do not require urgent treatment and admission. Patients can be added to the pathway prior to or during admission. It does not replace the medical notes for the patient episode.**

Patients must meet the inclusion criteria .

|  |  |
| --- | --- |
| **Inclusion criteria (must have all)** | **Tick** |
| Likely mild upper GI bleed |  |
| Patient able to attend ambulatory services |  |

Please check the exclusion criteria if known.

|  |  |  |  |
| --- | --- | --- | --- |
| **Absolute exclusion criteria (exclude if any)** |  | **Relative exclusion criteria (DW Cons)** | **Tick** |
| Pulse >100 |  | Lives alone |  |
| Melaena |  | Confusion |  |
| BP <110/60 |  |  |  |
| Known liver disease |  |  |  |
| Known cardiac failure |  |  |  |
| Syncope |  |  |  |

If a patient meets an exclusion criteria and cannot be managed as part of another AMap then please discuss with the medical SpR on-call for medical admission in AMU overnight for observation.

If you suspect major blood loss please do not delay in treating as per relevant guidelines.

**Initial Investigations**

Bloods - FBC, UE, LFT, Clotting

**Medical review must look for underlying causes – ensure full history and examination is documented. Initial Treatment**

Omeprazole 40mg stat (caution with clopidogrel)

Site IV cannula

Consider intravenous fluids

Stop NSAIDS and any other medication that may provoke bleeding

If in doubt, please discuss with the medical SpR on-call at ESH.

**Calculation of risk**

|  |  |
| --- | --- |
| **Blatchford score** | **Tick** |
| Urea >6.5 mmol/l |  |
| Hb <13.0 g/dl in men or <12 g/dl in women |  |
| SBP <110 |  |
| Pulse >100 |  |
| Melaena |  |
| Syncope |  |
| Hepatic disease |  |
| Cardiac fialure |  |

**If any box is ticked the Blatchford score will be 1 or above and the patient should be admitted to AMU or**

**Charlwood ward to consider inpatient OGD.**

**If no boxes are ticked the Blatchford score will be 0 and the risk of further harm coming to the patient will be negligible. The patient can therefore be discharged on the pathway below.**

**Discharge decision**

|  |  |
| --- | --- |
| **Patient can be discharged if all are met:** | **Tick** |
| Blatchford score will be 0 |  |
| All inclusion criteria were present |  |
| No exclusion criteria were present |  |
| Patient is well with full recovery |  |
| No other reason for admission |  |
| Patient has a good understanding of management |  |
| Patient will not be alone at home |  |

If all boxes are ticked please proceed to discharge and follow the pathway below.

If you feel that the patient may be able to go home and the above boxes are not all ticked please discuss with the medical SpR or Consultant and document conversation clearly in the notes. If they are happy to proceed with discharge then write their name below:

Discussed with SpR/Cons who is happy for discharge:

**Ensure that you tell patients/carers the following (contained in the patient leaflet)**

|  |  |
| --- | --- |
| **Patient information:** | **Tick** |
| Attend their GP surgery in 2-3 days for review |  |
| Avoid smoking, caffeine, excess alcohol, spicy food |  |
| Avoid NSAIDs and read drug labels carefully |  |
| To re-attend GP or AMU if becomes unwell in any way |  |

**Communication/Follow-up**

1. Create EDS or other discharge note and send to GP with copy to patient

2. Consider a short course of omeprazole until review by GP if felt to be appropriate

3. Consider gaviscon

4. Arrange for the patient to see their GP in 2-3 days for review and consideration of further investigation via the gastroenterologists.

5. Provide the patient with an information leaflet/patient passport and copy of the EDS

6. File this paperwork in the patients notes

**RAC doctor /GP responsible for patient:**

I confirm that I have followed the patient pathway above and completed the steps required

**Signed: Grade: Contact details:**