

# Upper GI Bleeding

## CAP

Page 1 of 3

### Initial Assessment & Treatment

Name:

DOB:

Address:

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.

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Page 2 of 3

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### 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 failure	

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: \_\_\_\_\_

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Page 3 of 3

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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:**