University Hospitals of Derby and Burton NHS Foundation Trust

Gastro Intestinal Haemorrhage (Upper) in Adults- Summary Clinical Guideline

CG-T/2024/043

Severity. Pre-endoscopy, use the Glasgow Blatchford scoring system on the Endoscopy Request Form. For patients with score of 0, consider for discharge and outpatient endoscopy. Post Endoscopy, use full Rockall Score.

Resuscitation
First priority in management of patient with gastro-intestinal haemorrhage is resuscitation.
IV crystalloid and blood should be used via a large bore cannula.
Blood should be used if shocked or if Hb (<70) and aim to transfuse Hb>70-100. However, in the absence of shock or anaemia there is no indication for blood transfusion.
Platelets transfusion, only if actively bleeding and platelet count <50.
Use FFP if INR>1.5 (unless on Warfarin: see below)

Warfarin. In minor GI haemorrhage simply omit Warfarin. If active bleeding reverse Warfarin with vitamin K 10mg IV and Octoplex (Prothrombin Complex Concentrate). The risks of continuing Warfarin outweigh the risks of stopping it temporarily, even in patients with prosthetic cardiac valves. For management of patients taking newer oral anticoagulants **Dabigatran** and **Rivaroxaban** who present with a GI bleed see relevant guidelines on intranet

Tranexamic Acid – do not use Tranexamic Acid for management of GI bleeding

Proton Pump Inhibitors (PPI) should **NOT** be used before gastroscopy. It should only be commenced, if advised by a gastroenterologist before a gastroscopy

Nil by Mouth: There is no need to place patients with GI bleed 'nil by mouth'. If they are likely to require endoscopy, they can drink clear fluids and take medication before gastroscopy. "Sip till send" applies to endoscopy patients. Allow clear fluids until reviewed by gastroenterologist

Liver disease or known varices

- Commence IV antibitotics Co-amoxiclav 1.2g tds. Mild penicillin allergy - ceftriaxone with oral switch to ciprofloxoacin, For severe penicillin allergy IV/oral ciprofloxacin
- Terlipressin 2mg QDS - 1st dose pre-endoscopy (review contraindications first).
- Terlipressin contraindicated in patients with ischaemic ECG, known ischaemic heart disease, ischaemic stroke or PVD. Particular consideration should be given to the risks vs benefits in those with diabetes and the over 75 yrs. Instead use Octreotide 100mcg bolus followed by infusion 50mcg/Hr for 48 hours.

Timing of endoscopy
Request endoscopy on Lorenzo (RDH) or paper form (QHB)
There is a daily inpatient endoscopy list 7 days a week (RDH) and during the week at QHB.
Patients are allocated on a daily basis at 10am.
Consent - a consent form should be signed by a member of the requesting team, and the patient. This form will be counter signed by the endoscopist performing the procedure.
If patient is actively bleeding and remains unstable despite adequate resuscitation, discuss with on-call gastroenterologist RDH – available 24/7, who will make a decision on whether to proceed to emergency out of hours gastroscopy and will advise on other aspects of management