GI Bleed – Low-Risk Patients with Upper GI Bleeding -Full Clinical Guideline – UHDB

Reference no.: CG-GASTRO/2020/3527

Introduction

Some patients with minor upper GI bleeds may not require admission and may be suitable for discharge from ED/MAU for an urgent outpatient gastroscopy. This guideline provides a pathway to manage adult patients (18 years and over) presenting to ED/MAU with low-risk upper GI bleeds.

First work out the Glasgow-Blatchford Score:

Blood Urea	Score	Systolic BP	Score
6.5 - 8.0	2	100 – 109	1
8.1 – 10	3	90 – 99	2
10.1 – 25	4	< 90	3
> 25	6	Other Markers	Score
Haemoglobin	Score	Heart rate > 100	1
Male 121 - 130	1	Melaena present	1
Male 100 - 120	3	Syncope present	2
Male < 100	6	Liver disease present	2
Female 100 –120	1	Heart failure present	2
Female < 100	6	Total GBS =	

Any patient with **<u>GBS of 2 or above requires admission</u>**. Consult Upper GI bleed guideline **available on Trust Intranet**.

Consider early discharge for patients with a Blatchford score of 0 to 1.

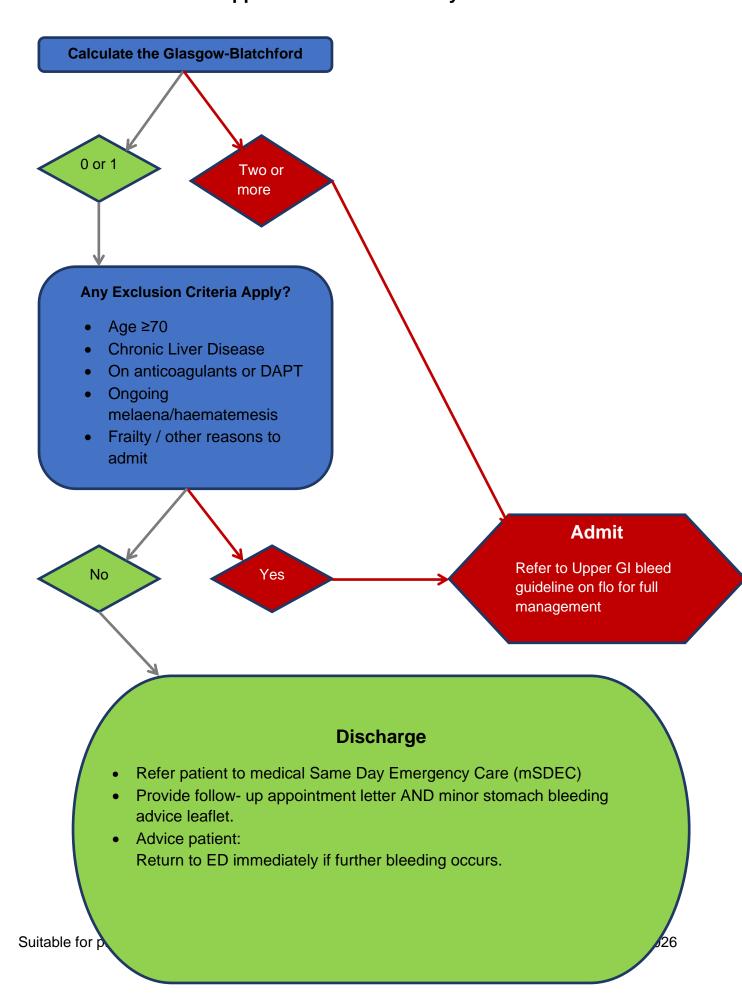
Exclusion criteria?

Do they have any of the following **Exclusion criteria?**

Age ≥70 years.	Ongoing melaena or haematemesis
Suspected or known chronic liver disease	Frailty or other active medical problems requiring admission
On anticoagulants or dual antiplatelet therapy, (Aspirin alone not an exclusion criteria).	Lives alone, no telephone or easy transport access

If **any** of the above exclusion criteria are present, admit patient and consult Upper GI bleed guideline **available on Trust Intranet**.

- If **no** exclusion criterion present, then discharge with referral to **medical Same Day Emergency Care (mSDEC)** for review next day.
- Patients with Glasgow- Blatchford score 0 or 1 should be reassessed in **medical Same Day Emergency Care (mSDEC)** Centre the next day to consider requesting urgent outpatient gastroscopy for upper GI bleed.
- For upper GI bleed patients presenting to ED/MAU during out-of-hours with Glasgow -Blatchford score 0 or 1, they will be asked to return to the medical Same Day Emergency Care (mSDEC) the following morning 9am (weekday and weekend) for Royal Derby Hospital and 9am (weekday and Saturday) for Queens Hospital Burton.
- Some patients will be admitted to MAU and will be identified as "low risk" the next day (GBS 0 or 1) either by MAU staff or Gastroenterology consultant, and be suitable for OP endoscopy. They can be discharged direct from MAU.
- Inform the patient and GP of the plan for urgent outpatient gastroscopy.
- Give patient "Minor stomach bleeding" information leaflet.
 - $\circ\;$ Give the following advice to the patient.
 - Return to ED immediately if evidence of further bleeding.



Low-Risk Upper GI Bleed – Summary Clinical Guideline

Documentation Controls

Development of Guideline	Dr Obiageli Ngwuocha, Consultant ED Dr David Hodgson Consultant ED
Consultation with:	Dr Stephen Hearing – Consultant Gastroenterologist
Approved By:	ED 30/5/23 UHDB EUG 13/06/2023 Medical Division July 2023
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Key Contact:	Dr Obiageli Ngwuocha, Consultant ED
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Urgent Care Outpatient Management of GI Bleeding Follow-up Letter.

Follow -up letter and Minor Stomach Bleeding- Patient Advice Leaflet.

Surname	
Forename	
Date of Birth	
Hospital Number	
Telephone	

The clinical assessment and tests performed indicate that you may have some minor bleeding from your stomach and/or upper intestines. From previous studies, we know it is best if your case is now managed on an outpatient basis, and you are safe to go home.

We have arranged for your review on:

In the medical Same Day Emergency Care, Ward 102, Royal Derby Hospital

or Ward, Queens Hospital Burton (delete as appropriate)

Patient Information: Discharge Advice on Minor Stomach Bleeding.

Please do **NOT** take anti-inflammatory drugs, until you are advised otherwise.

Please do **NOT** drink alcohol between now and after your endoscopy.

Please bring a list of your normal medications with you when you come for your endoscopy.

If you experience any more of the following symptoms, it is very important that you come back to the emergency department immediately:

- Black tarry stool
- Dark brown or Fresh red blood in your vomit
- Fainting
- Severe pain in your chest or stomach