



Patient details

**Acute Upper GI Bleed Care Bundle**  
**- First 24 hours****1. Investigations & Initial Assessment**Initials:  
Time:

- a)
- 
- EWS
- 
- FBC
- 
- U/E
- 
- LFT
- 
- Coag
- 
- Gluc
- 
- 
- Gp & save
- 
- VBG
- 
- CXR
- 
- ECG
- 
- CRP

b) Obs: HR  BP  / 

- c)
- 
- iv crystalloid, large bore cannula
- 
- Haematemesis
- 
- Melaena

**Blatchford  
Score:** 

- d) Consider discharge if Blatchford score 0 or 1
- 
- Y
- 
- N
- 
- NA

- e) Continue aspirin, suspend all other antithrombotics
- 
- Y
- 
- N
- 
- NA

- f) Major bleed: 2 large bore cannulae
- 
- Y
- 
- N
- 
- NA
- 
- Cross match 4 units
- 
- Y
- 
- N
- 
- NA

**2. Suspected Variceal Bleed** - Known varices/Cirrhosis/Stigmata of chronic liver disease **Initiate BSG/BASL Decompensated Cirrhosis Care Bundle** Initials:  
Time:

- a) Massive haemorrhage (
- $\geq 150$
- ml/min)? Activate massive haemorrhage protocol:
- 
- [http://intranet.sath.nhs.uk/document\\_library/DocumentLibrarySearchResults.asp](http://intranet.sath.nhs.uk/document_library/DocumentLibrarySearchResults.asp)
- 
- Y
- 
- N
- 
- NA

- b) Major GI bleed (as defined in pathway)
- 
- Y
- 
- N

- c) Fluid resuscitate according to BP, pulse and venous pressure (aim MAP
- $>65$
- mmHg)
- 
- Y
- 
- N

- d) Prescribe IV terlipressin 2mg four times daily
- 
- (caution if known ischaemic heart disease or peripheral vascular disease; perform ECG in
- $>65$
- yrs)
- 
- Y
- 
- N

- e) Prescribe prophylactic antibiotics as per Trust protocol
- 
- (piperacillin/tazobactam 4.5g tds iv or meropenem 500mg tds iv if penicillin allergic)
- 
- Y
- 
- N

- f) Transfuse blood if Hb
- $<7.0$
- g/L or massive bleeding (aim for Hb 70-100 unless IHD-see3d)
- 
- Y
- 
- N
- 
- NA
- 
- 
- 
- units

- g) If prothrombin time (PT) prolonged give IV vitamin K 10mg stat
- 
- Y
- 
- N
- 
- NA

- h) If PT
- $> 20$
- seconds (or INR
- $>2.0$
- ) - give FFP (2-4 units)
- 
- Y
- 
- N
- 
- NA

- i) If platelets
- $<50$
- give IV platelets
- 
- Y
- 
- N
- 
- NA

- j) Agree ceiling of care
- 
- Y
- 
- N

- k) Major bleed? Contact anaesthetist RSH #845, PRH #032 +/- outreach nurse (8am-8pm)
- 
- Y
- 
- N
- 
- NA

Contact GI bleed consultant within 1 hour

 Y  N  NA

**3. Non-variceal Bleed**Initials:  
Time:

a) Massive haemorrhage ( $\geq 150$ ml/min)? Activate massive haemorrhage protocol:  
[http://intranet.sath.nhs.uk/document\\_library/DocumentLibrarySearchResults.asp](http://intranet.sath.nhs.uk/document_library/DocumentLibrarySearchResults.asp)

 Y  N

b) Major GI bleed (as defined in pathway)

 Y  N

c) Fluid resuscitate according to BP, pulse and v. pressure (aim MAP  $>65$  mmHg)

 Y  N

d) Transfuse blood if Hb  $<7.0$ g/L or massive bleeding, aiming for Hb 70-100g/L unless cardiac risk factors then transfuse if Hb  $<80$ /L aiming for Hb 80-100g/L

 Y  N  units

INR  $>1.5$ , APTT  $>1.5$ x or Fibrinogen  $<1$ g/L - give FFP

 Y  N  NA

e) If warfarin - D/w haematologist for Prothrombin complex concentrate + Vitamin K

 Y  N  NA

f) If NOAC - D/w haematologist

 Y  N  NA

g) If platelets  $<50$  - give IV platelets

 Y  N  NA

h) Agree ceiling of care if frail or severe co-morbidity

 Y  N  NA

i) Major GI bleed? Contact anaesthetist RSH #845, PRH #032 +/- outreach nurse (8am-8pm)

 Y  N  NA

Contact GI bleed consultant within 1 hour

 Y  N  NA

Inform on-call surgeon if theatre case

 Y  N  NA**4. Ongoing monitoring (Endoscopy prior to resuscitation is dangerous)**Initials:  
Time:

a) Re-assess HR/BP/UO/rpt Hb after initial resuscitation if shocked at presentation

 Y  N  NA

b) Critical care team review of major GI bleed or if haemodynamically unstable

 Y  N  NA

c) Endoscopy within 2 hours for major GI bleed

 Y  N  NA

d) Endoscopy within 24 hours for non-major GI bleed

 Y  N  NA

e) Endoscopy report reviewed including Rebleed Plan if endotherapy given

 Y  N  NA

f) PPI given if high risk ulcer

 Y  N  NA

g) Post-haemostasis anti-thrombotic plan

 Y  N  NA

h) Transfer major GI bleed patients to 25G or HDU/ITU after endoscopy

 Y  N  NA



# SaTH Upper GI Haemorrhage Pathway

<b>Initial assessment</b>		
<i>Begin GI Bleed Care Bundle</i>		
<b>Major GI bleed?</b>		
Witnessed large volume haematemesis +/-large volume fresh melaena/PR bleed AND		
systolic BP <100 OR known varices/signs of portal hypertension/hepatic decompensation		
	<b>Yes</b>	<b>No</b>
<b>i.v. access</b>	2 large bore cannulae	cannula
<b>Blood tests</b>	FBC/U&E/LFTs/clotting screen/Group & Cross Match	FBC/U&E/LFTs/clotting screen/Gp & Save
<b>Fluid management</b>	<ul style="list-style-type: none"> <li>i.v. crystalloid bolus</li> <li>Consider massive haemorrhage protocol</li> <li>Unless massive haemorrhage, transfuse if Hb&lt;70, aiming for Hb 70-100 unless IHD</li> <li>Transfuse FFP if INR&gt;1.5</li> <li>Transfuse platelets if &lt;50</li> </ul>	i.v. crystalloid <ul style="list-style-type: none"> <li>Transfuse if Hb&lt;70, aiming for Hb 70-100 unless IHD</li> <li>Transfuse FFP if INR&gt;1.5</li> </ul> Transfuse platelets if <50
<b>Blatchford score</b>	Calculate	<ul style="list-style-type: none"> <li>Calculate</li> <li>If 0 or 1, D/C Pt &amp; arrange OP endoscopy if appropriate</li> </ul>
<b>Escalation within 1 hour</b>	<ul style="list-style-type: none"> <li>Contact middle-grade or senior doctor</li> <li>Agree ceiling of care</li> <li>If for full escalation, contact middle-grade anaesthetist (at any time) +/- outreach nurse (8AM-8PM)</li> <li>Contact GI bleed consultant</li> </ul>	
<b>Upper GI endoscopy</b>	<ul style="list-style-type: none"> <li>Within 2 hours of optimal resuscitation</li> <li>In theatre unless haemodynamically stable, not requiring HDU, low risk of aspiration and in-hours</li> <li>Inform on-call surgeon if non-variceal theatre case</li> <li>Cases suitable for endoscopy unit to be performed immediately with GI bleed liaison nurse monitoring BP/SaO2/ECG</li> </ul>	Within 24 hours on endoscopy unit
<b>Further management</b>	<ul style="list-style-type: none"> <li>If surgery not required, transfer to HDU/ITU or ward 25G as agreed with GI bleed consultant</li> <li>Patients discharged from HDU/ITU <u>must</u> go to ward 25G</li> <li>Follow GI Bleed Care Bundle</li> </ul>	<ul style="list-style-type: none"> <li>Transfer to Ward 25G if bed available</li> <li>Follow GI bleed Care Bundle</li> </ul>