



Date and time:



UK acute upper GI bleeding bundle

Start on admission copy for notes copy with endoscopy referral

Patient details: label
name:
DOB
number:

Recognition □ Haematemesis □ Melaena □ Coffee ground vomit (CGV) □ Perform and record NEWS 2 Repeat as clinically indicated and record results □ Large bore cannula x 2 □ Supplemental oxygen □ Commence IV crystalloid Transfuse if Hb <70 g/l or haemodynamically unstable in Hammadians produced in the				
Recognition □ Melaena □ Coffee ground vomit (CGV) □ Coffee ground vomit		☐ Haematemesis	Haematemesis, melaena an	d
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		· ·	Presentation with syncope 2	
			Henatic disease* 2	







	Suspected variceal bleed	Terlipressin 2mg QDS for up to 5
		days or when bleeding stops
		Intravenous Tazocin 4.5g tds; bd if
		creatinine clearance
		<20ml/min; ciprofloxacin 500mg bd
Dvi		if penicillin allergic
Rx:	Antiplatelet therapy	Continue aspirin
trootmont		Stop P2Y12 inhibitors unless
treatment		coronary artery stent
	Anticoagulant therapy	Stop warfarin, stop DOACs*
		*In life threatening or uncontrolled
		bleeding consider reversal of
		Apixaban/Rivaroxaban/Edoxaban
		using Andexanet Alfa [#]
	PPI / H2RA	No indication before endoscopy
	#see ap	oendix 2 for information on dosing and administration

	Contact via switchboard:	Complete Medway ' Gastroscopy
	09:00-17:00 Contact hot-	Inpatient GI Bleed' request
Refer	week Gastro Consultant	
Refer	17:00-09:00 Contact on	If GBS ≥5, suspected varices or
	call endoscopist	haemodynamically unstable:
	Document discussion in	Contact hot week Gastro
	case notes	Consultant or on call endoscopist

	Ward team to review	Report to include:
	endoscopy report and	findings and endoscopic treatment
	action accordingly	given
		When can start eating
		Drugs to be given
		Re-bleeding plan
	Confirmed varices	Ensure gastroenterology informed
	Confirmed ulcers with high	IV pantoprazole as per Hong Kong
Review	risk stigmata	regime 80mg in 100ml saline over
		30 minutes then 8mg/ hour for 72
		hours (80mg in 100ml at 10ml per
		hour)
	Confirmed H. pylori	H. pylori eradication (see BNF,
		consider allergies)
	Confirmed gastric ulcer	Arrange repeat OGD at 6-8 weeks
		to ensure ulcer healing
	Interrupted	Ensure documented plan for
	antithrombotic or	restarting therapy before discharge
	anticoagulant therapy	

All unstable GI bleeds need regular clinical review, recording of NEWS 2 at least 2 hourly until stable and escalation to senior if fails to improve or shows clinical deterioration when stabilised

Haemodynamic intstability: HR >100-, SBP < 100mmHg despite aggressive fluid resuscitation? Think massive haemorrhage in adults protocol +/-critical care review +/- discuss with endoscopy







This UGI bundle is 'Appendix 1 – Protocol for the Management of Adult Patients with 'Acute Upper Gastrointestinal Bleeding' from the Full Trust Guideline titled "Protocol for the Management of Adult Patients with Acute Upper Gastrointestinal Bleeding"