Forename.			NHS		
Surname.			Mersey and West Lancashire Teaching Hospitals NHS Trust		
Hospital No.			SDEC LOW RISK UPPER GI BLEED PATHWAY		
D.O.B.			NB: This pathway is designed to be used as a supplement to the Trust Acute Upper GI Bleeding Protocol		
PATIENTS MUST NOT BE AMBULATED FROM ED WITHOUT REVIEW ON 1B mSDEC – RING COORDINATOR					
Not Suitable for SDEC management if Score is 3 or more	Initial Assessment History and Examination Mandatory FBC, U&E, LFTs, Coag Screen, Group Complete medical clerking including Senior (Sp Manage as per Trust Acute Upper GI Bleeding p Blatchford Score ≤2 May be suitable for SDEC Pathway Exclusion Criteria Age >70 Chronic liver disease/ Other medical condition Pregnancy Taking Warfarin/DOAC/dual anti-platelets Unable to arrange transport/social reason for Dementia / Unsupervised & lives alone No ambulatory appointments available for n		p and Save pR or above) Review protocol rd Score >2 e as per Trust Acute Protocol on or admission	Admission parameter Score value	
	Complete the Upper GI Bleeding SDEC Care Pathway. Request ward clerks to allocate the first available Gastroscopy appointment. After the procedure the patient will return to 1B mSDEC for review with the Gastroscopy results. Ensure a full explanation of the SDEC process is given to the patient and any questions answered.				
	Mandatory Checklist for SDEC AUGIB Pathway GBS Score ≤2: OP Endoscopy appointment provided to patient Nil By Mouth instructions provided Patient Advice sheet & booklet provided SDEC Gastroscopy requested on CareFlow Senior Medical Review (StR or above)				
Note: NICE guidelines do not recommend pre-endoscopy PPI prescription for suspected upper GI bleeding Caution: If GBS is 2 due to any individual parameter, discuss with senior (SpR or Consultant) before ambulating					
1 st Reviewer: Grade:		Signature:	Date: T	-ime	
Post Endoscopy Check — 2 nd Reviewer					
 □ Review OGD results and actions taken as per instructions. □ Ensure documented plan for restarting antiplatelet or anticoagulant therapy prior to discharge. □ ICE Discharge completed / updated. 					
2 nd Reviewer:		Grade:	Signature:	Date: T	ime