

## UK acute upper GI bleeding bundle

Start on admission copy for notes copy with endoscopy referral

Patient details: label

name:

DOB

number:

Date and time:

### Recognition

- ☐ Haematemesis
- ☐ Melaena
- ☐ Coffee ground vomit (CGV)

Haematemesis, melaena and CGV trigger the bundle  
(For CGV consider bowel obstruction and sepsis)

### Resuscitation

- ☐ Perform and record NEWS 2 Repeat as clinically indicated and record results

- HR <100, SBP >100mmHg ☐
- HR >100; SBP >100mmHg ☐
- HR >100; SBP <100mmHg ☐

- ☐ Large bore cannula x 2

- ☐ Supplemental oxygen

- ☐ Commence IV crystalloid

500ml in 15 minutes; repeat if indicated; aim SBP > 110mmHg

Transfuse if Hb <70 g/l or haemodynamically unstable

Aim for Hb 70-100g/l  
Follow massive haemorrhage in adults protocol

Platelets <50 x10<sup>9</sup> /l

Transfuse platelets

If INR >1.5 and bleeding

FFP (consider vitamin K 10mg IV)

Haemodynamic instability

Request critical care review

### Risk assessment

Calculate Glasgow Blatchford Score (GBS score =)

For GBS 0-2 consider home and ambulatory OGD  
(Local guidance: Pathway available on Trust Intranet)

Admission risk marker	Score value
Blood urea (mmol/L)	
6.5-8	2
8-10	3
10-25	4
>25	6
Hb (g/L) for men	
120-130	1
100-120	3
<100	6
Hb (g/L) for women	
100-120	1
<100	6
Systolic blood pressure (mmHg)	
100-109	1
90-99	2
<90	3
Pulse ≥100/minute	1
History/co-morbidities	
Presentation with melaena	1
Presentation with syncope	2
Hepatic disease <sup>†</sup>	2
Cardiac failure <sup>†</sup>	2

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

Rx: treatment	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 if penicillin allergic
	Antiplatelet therapy	Continue aspirin Stop P2Y12 inhibitors unless coronary artery stent
	Anticoagulant therapy	Stop warfarin, stop DOACs* <i>*In life threatening or uncontrolled bleeding consider reversal of Apixaban/Rivaroxaban/Edoxaban using Andexanet Alfa<sup>#</sup></i>
	PPI / H2RA	No indication before endoscopy

#see appendix 2 for information on dosing and administration

Refer	Contact via switchboard: <b>09:00-17:00</b> Contact hot-week Gastro Consultant <b>17:00-09:00</b> Contact on call endoscopist <i>Document discussion in case notes</i>	Complete Medway 'Gastroscopy Inpatient GI Bleed' request  If GBS $\geq 5$ , suspected varices or haemodynamically unstable: Contact hot week Gastro Consultant or on call endoscopist
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Review	Ward team to review endoscopy report and action accordingly	Report to include: findings and endoscopic treatment given When can start eating Drugs to be given Re-bleeding plan
	Confirmed varices	Ensure gastroenterology informed
	Confirmed ulcers with high risk stigmata	IV pantoprazole as per Hong Kong 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 antithrombotic or anticoagulant therapy	Ensure documented plan for restarting therapy before discharge

**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**

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Association of Upper Gastrointestinal Surgery of  
St Helens and Knowsley Teaching Hospitals NHS Trust



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"

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