

Upper GI bleeds can be profuse and all cases should be discussed with Senior, especially if ongoing bleeding or significant haemoglobin drop

SIGNS AND SYMPTOMS

- Haeamatemesis
- Melena
- Symptoms of anaemia
 - SOB
 - Palor
 - Chest pain
 - Orthostatic hypotension
- Abdominal pain
 - May indicate peptic ulcer disease
- Symptoms of decompensated liver disease
 - May suggest variceal haemorrhage

EXAMINATION

- A-E examination
- PR
- Abdominal exam
 - Signs of underlying aetiology:
 - Liver disease
 - Peptic ulcer disease
 - Malignancy
 - Trauma

INVESTIGATIONS

- **VBG:**
 - Initial Hb
- **Bloods:**
 - FBC / U&E / LFT / Ca / Mg / PO / Coag / Fibrinogen
 - Group and Save
 - Cross match (min 4 units if significant blood loss)
- **ECG:**
 - Prone to myocardial ischaemia if significant anaemia
 - Prior to considering TERLIPRESSIN
- **Previous OGD:**
 - Retrieve results of previous OGD if applicable
 - Provides potential aetiology

IMMEDIATE MANAGEMENT

Contact SENIOR immediately if profuse bleeding and / or haemodynamically unstable

May be appropriate for +/- Major Haemorrhage call

FLUID RESUSCITATION

- **IV Access:**
 - 2X large IV cannulas 18 gauge (GREEN) or larger
- **Catheter** for accurate fluid balance assessment
- **Fluid resuscitation:**
 - Titrate to HR and BP - aim MAP >65mmHg
- **HB <7g/L or Massive bleeding:**
 - Transfuse RBC as per trust protocol

CORRECT COAGULOPATHY

ROTEM / TEG GUIDED IF AVAILABLE

PLATELETS < 50

- Transfuse Platelets

INR > 1.5

- INR 1.5-1.9**
- 10mg Vit K IV
- INR >2**
- 10mg Vit K IV
 - + Transfuse FFP 2-4 units

NOAC / WARFARIN

- Consider reversal agents

FIBRINOGEN LOW (<1g/L)

- Consider transfusing Cryoprecipitate

TREATMENTS FOR UNDERLYING CAUSE

- **Peptic ulcer:**
 - IV PPI infusion
 - Omeprazole / Pantoprazole as per trust protocol
- **Variceal haemorrhage**
 - IV Terlipressin 2mg QDS
 - Antibiotics as per trust protocol

- **Endoscopy:**
 - Ideally post resuscitation
 - Also if unstable despite resuscitation
 - Consider bowel Prokinetic prior to endoscopy to clear blood:
 - i.e. Erythromycin or Metoclopramide

SPECIALIST INPUT

- Early Gastroenterology / Hepatology review as appropriate
- Patients with upper GI bleeds should often be cared for in a HDU setting

RISK SCORING

PRE-ENDOSCOPY SCORE

GLASGOW BLATCHFORD

ROCKALL (PRE)

POST-ENDOSCOPY SCORE

ROCKALL (COMP)

Always consult BNF for dose / administration and contraindications for all above medications

Always consult local guidelines / Trust protocol regarding any transfusion products