28. Epigastric Pain Algorithm

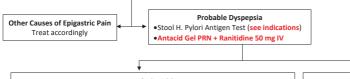
This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

needs. Failure to comply with this pathway does not represent a breach of the standard of care. Adult with Epigastric Pain • Monitor and support ABCs • Provide immediate analgesia – Antacid Gel + See Analgesia Chart • Check vital signs (BP, PR, RR, SPO₂, T°C, RBS) • Start Oxygen IF SPO₂ < 94%. Maintain SPO₂ ≥ 94% • Obtain/review 12-lead ECG if > 40 years old, diabetic or hypertensive • Perform a focused history and physical examination, evaluating; • Duration of symptoms • Risk factors for potentially serious conditions – ACS, Pancreatitis, DKA, Cholecystitis, Perforate Ulcer, Pre-eclampsia/Eclampsia, HELLP • Send blood samples for FBC, UEC, Lipase.

- · Additional testing as indicated;
- ? ACS (elderly (>50yrs), diabetics, hypertensives)
- LFTs ? Cholecystitis, Pre-eclampsia/Eclampsia, HELLP
- Erect CXR ? Perforated ulcer, Pancreatitis, Pneumonia
- PDT ? Ectopic pregnancy

Indications for Stool H. pylori Antigen testing

- 1. Active peptic ulcer disease (PUD),
- 2. History of PUD (unless previous cure of H. pylori infection has been documented),
- 3. Low-grade gastric mucosa-associated lymphoid tissue (MALT) lymphoma,
- History of endoscopic resection of early gastric cancer (EGC)
- 5. Patient with un-investigated dyspepsia under the age of 60 years and without alarm features
- 6. Patients taking long-term, low-dose aspirin
- 7. Patients with unexplained iron deficiency anaemia despite an appropriate evaluation
- 8. Adults with idiopathic thrombocytopenic purpura (ITP)



H. Pylori Positive

Symptomatic Treatment

- Antacid Gel 20-60mins after meals and at bedtime or PRN (for symptom control)
- Paracetamol (stop ALL NSAID use)
- Dietary advice
- Eradication Therapy

Drug	Dosing	Duration
PPI	Standard dose BD*	14 days
Clarithromycin	500 mg BD	
Amoxicillin	1000 mg BD	
Metronidazole	400 mg BD	

*Standard doses are esome prazole 20 mg, lansoprazole 30 mg, ome prazole 20 mg, pantoprazole 40 mg, and rabe prazole 20 mg

Consider OGD (see indications below)

H. Pylori Negative

Symptomatic Treatment

- Antacid Gel 20-60mins after meals and at bedtime or PRN (for symptom control)
- Paracetamol (stop ALL NSAID use)
- Dietary advice

PLUS

Acid Suppression Therapy

PPI standard dose x 4 weeks

Consider OGD (see indications below)

Indications for Oesophagogastroduodenoscopy (OGD)

- age ≥ 60 yrbleeding
- bleeding
- anaemia
- · early satiety
- unexplained weight loss (>10% body weight)
- progressive dysphagia
- odynophagia

- persistent vomiting
- a family history of gastrointestinal cancer
- · previous oesophagogastric malignancy
- · previous documented peptic ulcer
- lymphadenopathy
- an abdominal mass

