

## 29. Upper Gastrointestinal Bleeding 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.

**Upper Gastrointestinal Bleeding** can vary in presentation, but most cases present in one or more of four ways as follows:

- a) **Melena** (69%): the passage of dark and pitchy stools stained with blood pigments or with altered blood. Melena is caused by the passage of at least **50 mL** of blood in the upper GI tract. Bacteria degrade the blood into haematin or other haemachromes. Melena should **not** be confused with the dark stools that result from ingestion of **iron** or **bismuth**.
- b) **Haematemesis** (30%): the vomiting of bright red blood and indicates an upper GI site of bleeding, usually above the ligament of Treitz.
- c) **Coffee-ground emesis** (28%): emesis consisting of dark, altered blood mixed with stomach contents
- d) **Haematochezia** (15%): the passage of bloody faeces

