

28. 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:

- 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**.
- Haematemesis (30%)**: the vomiting of bright red blood and indicates an upper GI site of bleeding, usually above the ligament of Treitz.
- Coffee-ground emesis (28%)**: emesis consisting of dark, altered blood mixed with stomach contents
- Haematochezia (15%)**: the passage of bloody faeces

SHOCKED (HYPOTENSIVE)

- Monitor, support ABCs in **ER**; Intubate patient if airway is at risk from massive haematemesis
- Check vital signs (BP, PR, RR, SPO₂, T° C, **RBS**)
- Start Oxygen **IF** SPO₂ < 94%. Maintain SPO₂ ≥ 94%
- Establish **2 large bore IV accesses (14-16G)**.
- Give rapid fluid boluses at **20mL/Kg** Ringer's Lactate/Hartmann's soln; repeat if necessary. Start blood transfusions **ONLY** if **Hb < 7 g/dL**
- Send samples for **FBC, UEC, LFTs, VBG, Coagulation screen. Cross-match 6 units of packed cells.**
- Perform brief, targeted history, physical exam including a rectal exam
- Insert NGT **ONLY** if intubated or has recurrent vomiting uncontrolled by anti-emetics

NOT SHOCKED

- Monitor, support ABCs in **ER**; Intubate patient if airway is at risk from massive haematemesis
- Check vital signs (BP, PR, RR, SPO₂, T° C, **RBS**)
- Start Oxygen **IF** SPO₂ < 94%. Maintain SPO₂ ≥ 94%
- Establish a large bore IV access (14-16G).
- Start IV Fluids TKVO – Ringer's Lactate (RL)/Hartmann's soln. Start blood transfusions **ONLY** if **Hb < 7 g/dL**
- Send samples for **FBC, UEC, LFTs, VBG, Coagulation screen, Blood type & screen.**
- Perform brief, targeted history, physical exam including a rectal exam

- Monitor vital signs every **15 min** until stable, then **hourly**. Correct hypotension with repeat fluid boluses/blood transfusion
- Monitor urine output - Aim for **> 0.5mL/Kg/h**

History of Varices or Decompensated Cirrhosis

- Consult **Gastroenterologist**
- Admit **HU/ICU**

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