## 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

## SHOCKED (HYPOTENSIVE)

- Monitor, support ABCs in ER; Intubate patient if airway is at risk from massive haematemesis
- Check vital signs (BP, PR, RR, SPO<sub>2</sub>, T° C, RBS)
- Start Oxygen IF SPO<sub>2</sub> < 94%. Maintain SPO<sub>2</sub> ≥ 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, Coagulation screen.
  Crossmatch 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, SPO<sub>2</sub>, T°C, RBS)
- Start Oxygen IF SPO<sub>2</sub> < 94%. Maintain SPO<sub>2</sub> ≥ 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</li>
- Send samples for FBC, UEC, LFTs, Coagulation screen, Blood type & screen.
- Perform brief, targeted history, physical exam including a rectal exam

- IV omeprazole (80-mg bolus followed by 8 mg/h for 72 h). Use pantoprazole if patient is on Clopidogrel.
- 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
  - Consult Gastroenterologist
  - Admit HDU/ICU

