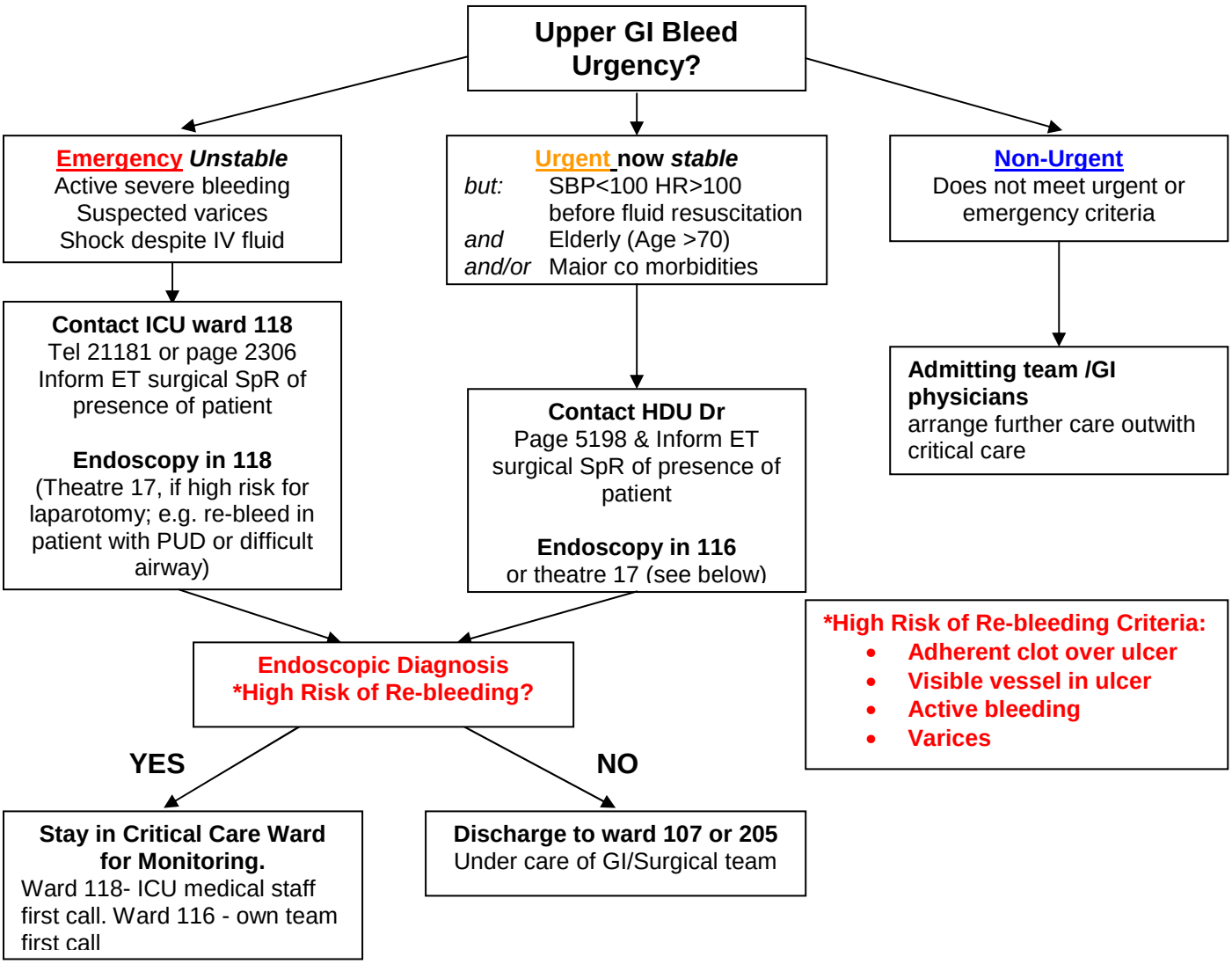
Upper GI Bleeding – Urgent Endoscopy & Patient Monitoring

Aim: rapid, safe and appropriate access to Critical Care for urgent/emergency endoscopy and continued monitoring and care.

Referral to Critical Care by GI Registrar / Consultant



Indications for endoscopy on CEPOD list in theatre 17 (TEL 23241)

- Urgent UGIE and no readily available bed in Critical Care
- Planned/expected need for GA (NB varices should go to 118)
- High risk for laparotomy (e.g. recurrent bleed in patient with PUD)
- Difficult airway

If conflict over priority for theatre arises, the Consultant Anaesthetist on call for emergencies should be the final arbiter. This may involve opening a second theatre.

Patient disposal from theatre- high-risk re-bleeders go to critical care (most appropriate ward) and non high-risk to ward 107 or 205. It is clearly not always possible to identify a specific bed/ward before endoscopy and this should not delay patients being brought to theatre.

UGIE under sedation in Ward 116 must *always* be discussed with the *HDU Consultant* from 08:00 to 18:00 hrs and *Anaesthetic SpR* Page 2200 from 18:00 to 08:00hrs (if unavailable call ICU Registrar page 2306) ***prior* to commencing procedure.**

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