

CLINICAL GUIDELINE

Upper GI Haemorrhage Pathway, Emergency Department and Acute Assessment Unit Guideline

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Approval Group:	Emergency Medicine Clinical Governance Forum (South)

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

QEUH Emergency/Acute Medicine Upper GI Haemorrhage Pathway

Emergency Department & Acute Admissions Unit

Stable patients with Blatchford Score = 0* and the following documented in their notes

- Urea < 6.5
- Hb >13 (Male), >10 (Female)
- BP systolic>110
- Pulse<100
- No melaena
- No syncope
- No liver disease
- No heart failure

Manage as Outpatient

Complete URGENT OUTPATIENT OGD request on Trak and document in notes

Ensure Dr Jude Morris name is referring clinician and ED consultant is responsible clinician

Ensure clinical findings are filled out on request form.

Any patient not fitting <u>all</u> of the above criteria will be admitted to an acute medical ward. Manage these patients as per therapeutics handbook.

Unstable patients should be considered for joint medical/surgical care in HDU setting. All follow up of patients is by gastroenterology not ED.

*Stanley AJ, Ashley D, Mowat C, et al. Outpatient management of patients with low-risk upper-gastrointestinal haemorrhage: multicentre validation and prospective evaluation. Lancet 2009; 373: 42-47

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