Emergency Management of Upper Gastrointestinal Haemorrhage

Risk Factors	Hematemesis / Melaena	General Assessment and Testing
Alcohol Abuse / Liver Disease / Previous GI Bleed(Ix) *Coagulopathy / Antiplatelets / Steroids / NSAIDs*	*Check for early signs of Shock* *Consider surgical causes / complications*	*Relevant Labs incl: FBC / EUC / LFTs / Coags* *Other: ECG / imaging if indicated*

Minor Bleed

- *Blatchford Score* low risk for discharge (=0)*
- No other indication for in-patient care

Yes -> Discharge

- Early out-patient Endoscopy
- GP follow-up

No -> Admit

- **PPI** IV BD
- Stool chart
- Monitor for need to Escalate care to Major Bleed pathway
- In-patient Endoscopy

***Calculating the Blatchford Score** Value (**Score**)

Hb (Female) g/L	>120 **(0)**	100-120 **(1)**	<100 **(6)**		
Hb (Male) g/L	>130 **(0)**	120-130 **(1)**	100-120 **(3)**		
BUN mmoL	<6.5 **(0)**	6.5-<8 **(2)**	8-<10 **(3)**	10-<25 **(4)**	≥25 **(6)**
Initial SBP	≥110 **(0)**	100-109 **(1)**	90-99 **(2)**	<90 **(3)**	

HR	>100(**1**)
Melaena	On Presentation(**1**)
Recent **Syncope**	Yes(**2**)
Hepatic Disease Hx	Yes(**2**)
Cardiac Failure Hx	Yes(**2**)

Major Bleed

- **Oxygen** via NP and Cardiorespiratory **Monitoring**
- 2 large bore **IVC's**
- **NBM**
- Early **notification** of In-patient (surgical / gastroenterology) team and blood bank
- **Initial resuscitation** with 500ml aliquots of crystalloid - avoid excess (>1L) fluids whilst awaiting blood
- **Transfusion** (via blood warmer) for
  - Hb <90 in high risk patients (Coronary Artery disease)
  - **Hb < 70** in remainder (Avoid over transfusion – esp in Variceal bleeding)
- Reverse coagulopathy (FFP, Vitamin K), Platelets for Plt <50 or known dysfunction (aspirin / clopidogrel)
- Aggressively ***prevent*** hypothermia, acidosis and hypocalcaemia
- For massive transfusion -> see local policy, or give 1:1:1 (Blood:FFP:Platelets) +/- 1g IV Tranexamic Acid
- Commence **PPI:** Pantoprazole 80 mg IV Bolus, then 8mg/hour infusion (or 80mg IV BD)
- Consider Erythromycin (prokinetic) where chance of gastric blood is high
- As a last resort and only after securing the airway, consider balloon tamponade if ongoing haemorrhage http://www.emcurious.com/blog-1/2014/10/9/x560cw03mjn5ma3eebkex2t46wwe40

Non Variceal

- Early endoscopy
- If endoscopy unavailable or contraindicated, consider Interventional Angiography and /or Octreotide 50 mcg IV Bolus, then 50 mcg/hr infusion
- Later, consider modifiable risk factors such as eradication of H Pylori (if present)

Variceal Bleeding (known *or suspected**)

- Octreotide 50 mcg IV Bolus, then 50 mcg/hr infusion
- Antibiotics (Ceftriaxone)
- Endoscopy for banding / injection
- Surgery is not indicated – consider TIPSS if endoscopy unsuccessful

*Cirrhosis/ Alcohol/ Hepatitis/ Budd Chiari/ Portal Vein Thrombosis

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