

## Emergency Management of Upper Gastrointestinal Haemorrhage

<b>Risk Factors</b>	<b>Hematemesis / Melaena</b>	<b>General Assessment and Testing</b>
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)

<b>Hb (Female) g/L</b>	>120 (0)	100-120 (1)	<100 (6)		
<b>Hb (Male) g/L</b>	>130 (0)	120-130 (1)	100-120 (3)		
<b>BUN mmol/L</b>	<6.5 (0)	6.5-8 (2)	8-10 (3)	10-25 (4)	≥25 (6)
<b>Initial SBP</b>	≥110 (0)	100-109 (1)	90-99 (2)	<90 (3)	
<b>HR</b>	>100(1)				
<b>Melaena</b>	On Presentation(1)				
<b>Recent Syncope</b>	Yes(2)				
<b>Hepatic Disease Hx</b>	Yes(2)				
<b>Cardiac Failure Hx</b>	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